Description of Data Elements

HCUP State Inpatient Databases (SID)

VOLUME 1 - Data Elements

Beginning with letters A through M

This document contains cumulative descriptions of data elements across all HCUP Central Distributor states and years of HCUP data from 1988 to the current data year. Please refer to the separate documents on the Availability of Data Elements (1995-1997) and (1998-2001) for specific information on which states and data elements are included in each year of the SID.

Not all data elements are uniformly coded or available across all the states. Please check the “State Specific Notes” section for each data element before analysis.

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Data Elements beginning with letters A through M are located in Volume 1.
Data Elements beginning with letters N through Z are located in Volume 2.

ADATE - Admission date

General Notes

Admission date (ADATE) is assigned a valid nonmissing date, with the following exceptions:

- If an admission date is supplied by the data source, but one or more of the components of the admission date (year, month, day) is
  - Blank or a documented missing value, then ADATE = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), then ADATE = invalid (.A).
- If the admission day is inconsistent with the month (e.g., February 30), then ADATE = invalid (.A).
- If the data source does not provide the admission date, then beginning in the 1998 data, ADATE is not present on the HCUP files. In the 1988-1997 data, ADATE is retained on the HCUP files and is set to unavailable from source (.B).
- If the admission date is after the discharge date (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data), then ADATE is set to inconsistent (.C).

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, ADATE is replaced by admission month (AMONTH) and admission year (AYEAR). In databases before 1998, the day portion of the date stored in ADATE is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from ADATE are computed before ADATE is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ADATE	Admission date	YYMMDD	Date of admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03; in 1988-1997 data, ED011

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the admission date (ADATE) with a four-digit year. In prior years, only a two-digit year was available.

New York

In the 1998-2000 New York data, admission date (ADATE) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

In the 1988-1997 HCUP New York databases, the data source provided admission year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete admission date was provided by the data source.

Washington

Beginning in 1999, Washington reported the admission date (ADATE) with a four-digit year. In prior years, only a two-digit year was available.

ADAYWK - Admission day of week

General Notes

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

- ADAYWK is set to the supplied admission day of the week, if available.
- ADAYWK is missing (.) if the supplied admission day of week is missing.
- If ADAYWK is out of range (ADAYWK NE 1-7) or nonnumeric, it is set to invalid (.A).
- In the 1988-1997 HCUP files, if the data source does not provide the admission date or admission day of week, then ADAYWK is set to unavailable from source (.B).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ADAYWK	Admission day of week	1	Sunday
		2	Monday
		3	Tuesday
		4	Wednesday
		5	Thursday
		6	Friday
		7	Saturday
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Maryland

During 1990-1992 HCUP processing, only the calculated admission day of week could be used to assign ADAYWK because Maryland did not report admission day of week.

Beginning in 1993, Maryland reported admission day of week. During HCUP processing, the reported admission day of week was assigned if ADAYWK could not be calculated from admission date.

New York

ADAYWK could not be calculated because New York did not report full admission dates. During HCUP processing, only the reported admission day of the week could be used to assign ADAYWK.

ADRG - All Patient Refined DRG

General Notes

All Patient Refined DRGs (APR-DRGs) are a DRG refinement developed by 3M Health Information Services to improve upon the Refined DRGs developed at Yale University. They were enhanced by incorporating additional pediatric DRG modifications, recognizing the impact of multiple Complications and Comorbidities (CCs), and refined CC definitions. The APR-DRGs eliminated the HCFA DRG splits for CCs and death, and all but two of the age splits and replaced them with complexity subclasses.

Except for newborn DRGs, each patient is assigned to a complexity subclass (HCUP data element ADRGSEV). Assignment to a complexity subclass is based, in part, on the complexity of a patient's secondary diagnoses, interactions among secondary diagnoses, age, principle diagnosis, and the presence of certain nonoperating room procedures.

APR-DRG codes are supplied by the data source. During HCUP processing, source values are maintained as reported. The two-digit APR MDC code is stored in the data element AMDC. The three-digit APR DRG code is stored in the data element ADRG. The one-digit complexity subclass is stored in ADRGSEV. The one-digit risk of mortality class is stored in ADRGRiskMortality beginning in the 1998 data and ADRGRMS in the earlier years.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
ADRG	All Patient Refined DRG	nnn	APR-DRG
		. or 0	Missing
		.A	Invalid

State Specific Notes

Kentucky

Source documentation does not include which version of the APR-DRG grouper was used.

Maine

Source documentation indicates that the current version of the All Patient DRG (ADRG) is applied to the data.

Utah

Prior to April 1998, ADRG is assigned using Version 12.0. Starting in April 1998, Utah uses Version 15.0. Source documentation indicates that there is a significant difference between version 12.0 and version 15.0.

ADRGRiskMortality - All Patient Refined Risk of Mortality Subclass

General Notes

The All Patient Refined Risk of Mortality Class (ADRGRiskMortality) reports the likelihood of dying as determined by the APR system. APR Risk of Mortality Class is supplied by the data source. During HCUP processing, the codes are assigned to the HCUP data element ADRGRMS as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

In HCUP databases before 1998, this data element is called ADRGRMS.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ADRGRiskMortality	All Patient Refined Risk of Mortality Subclass	1	Minor likelihood of dying
		2	Moderate likelihood of dying
		3	Major likelihood of dying
		4	Extreme likelihood of dying
		.	Missing
		.A	Invalid

State Specific Notes

None

ADRGSEV - All Patient Refined DRG Complexity Subclass

General Notes

The All Patient Refined DRG Complexity Subclass (ADRGSEV) reports the complexity subclass for the All Patient Refined DRGs (APR-DRGs). This is an indicator of the extent of physiologic decompensation or organ system loss of function. With the exception of newborn patients, each APR-DRG is subdivided into four complexity subclasses. Newborn DRGs have a complexity code of zero (0). Assignment to a complexity subclass is based, in part, on the complexity of a patient's secondary diagnoses, interactions among secondary diagnoses, age, principal diagnosis, and the presence of certain nonoperating room procedures.

APR-DRG complexity subclass codes are supplied by the data source. During HCUP processing, the codes are assigned as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
ADRGSEV	All Patient Refined DRG Complexity Subclass	0	Newborn DRGs
		1	Minor loss of function (includes cases with no comorbidity or complications)
		2	Moderate loss of function
		3	Major loss of function
		4	Extreme loss of function
		.	Missing
		.A	Invalid

State Specific Notes

None

AGE - Age in years at admission

General Notes

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid). Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.
- AGE is missing (.) if the age cannot be calculated and the supplied age is missing.
- AGE is invalid (.A) if
    - it is out of range (AGE NE 0-124) or
    - the age cannot be calculated and the supplied age is nonnumeric.

  An invalid calculated AGE is not replaced by the supplied age.

- If the data source does not provide the necessary dates to calculate age or the reported age at admission, then beginning in the 1998 data, AGE is not present on the HCUP files. In the 1988-1997 data, AGE is retained on the HCUP files and is set to unavailable from source (.B).
- AGE is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
    - Beginning in the 1998 data, AGE is less than 0 (EAGE02), is greater than 124 (EAGE03), is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
    - In the 1988-1997 data, AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 instead of AGE.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGE	Age in years at admission	0-124	Age in years
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02, EAGE03, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes

Arizona

The reported age was not used when AGE could not be calculated because Arizona supplied age at discharge.

California

In all years, California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Prior to 1995, California reported ages at discharge. Only the calculated age was used to assign AGE.

Beginning in 1995, California reported ages at admission. When AGE could not be calculated from dates, the reported age was assigned.

Colorado

Beginning with 1998, the Colorado supplied age at admission was used to assign AGE when the age could not be calculated.

From 1994-1997, Colorado supplied age at admission. For consistency with earlier years of the SASD, however, only the calculated age was used to assign the HCUP variable AGE.

From 1988-1993, Colorado did not supply age at admission. Only the calculated age could be used to assign the HCUP variable age.

Florida

In 1997, patient age could not be calculated from dates since Florida did not report admission or birth dates. During HCUP processing, only the reported age could be used to assign AGE.

Beginning in 1998, Florida supplied ADATE and DOB for patients less than 11 years old. Only the reported age in years could be used to assign AGE for patients over 10 years old.

Iowa

AGE may differ by one year from the actual age. When only the year of birth is available, Iowa assigns the day and month of birth to '01', which may cause the age calculated from birth date to be one year less than the actual age.

Massachusetts

Prior to October 1998, ages greater than 100 years should be interpreted with caution. Age is calculated using the birth and admission date, but only a two-digit year for date of birth (DOB) was provided by the data source. An additional indicator variable provided by the data source, the "Century Birth date," indicates whether the age of the patient was greater or less than 100 years. HCUP experience has shown that this indicator was often not set when it should have been. Thus, if the century indicator specified 1800 or the birth date occurred after the admit date, the century for the date of birth was set to 1800. If the birth date is erroneously after the admit date, this rule causes the age in years (AGE) to be incorrectly greater than 100. If the age does not agree with neonatal or maternal diagnoses and/or procedures, the age is set to inconsistent (.C).

Beginning in October 1998, Massachusetts provides a four-digit birth year. The birth century indicator and the admission date are not used to modify the date of birth.

New Jersey

Prior to 1994, New Jersey reports age as a two-digit code with a maximum of 99 and provides a birth century indicator. Beginning in 1994, New Jersey provides a four-digit birth year. If age could not be calculated (ADATE or DOB missing or invalid) then age was assigned as follows:

Year of Data	HCUP processing of AGE
1988-1991	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age.
1992-1993	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age and add 100 if the birth century flag indicates that the patient is age 100 or older.
Beginning 1994	Assign AGE as the reported age, if the reported AGE was in the range of 1-124 years. Otherwise, assign AGE as invalid (.A).

New York

In the 1988-1997 HCUP New York databases, AGE could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in years could be used to assign AGE.

Beginning with the 1998 data, New York provided complete dates and AGE could be calculated.

Oregon

Oregon reports age at discharge. During HCUP processing, reported age was not used when patient age (AGE) could not be calculated from dates.

South Carolina

The calculation of AGE differs across years.

Beginning in 2000

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

From 1996 to 1999

Only a two-digit year for date (DOB) was provided by the data source.

- If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).

- If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

Using only the admission date to determine births in the 1800s causes no patient ages to be greater than 99 years.

In 1993 and 1995

South Carolina reported a two-digit year for date of birth (DOB). During HCUP processing, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

In 1994

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

Utah

The reported age was not used when AGE could not be calculated because Utah supplied age at discharge.

Washington

Availability of Reported Age

During HCUP processing of 1988-1992 discharges, the reported age was not used when AGE could not be calculated because Washington reported age at discharge. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning with 1993 discharges, Washington reported age at time of admission, consistent with the HCUP definition of AGE. Therefore, if the patient's age could not be calculated from dates, the reported age was assigned to AGE.

Ages Greater Than 99 Years

For 1988-1992 discharges, due to the coding of date of birth, no patient ages are greater than 99 years. Only a two-digit year for date of birth (DOB) was provided by the data source.

- If DOB is greater than admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).

- If DOB is less than or equal to ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

For 1993-1996 discharges, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other record. The age range is not truncated at 99.

Beginning in 1997, the reported age was no longer used to indicate ages over 100. This is consistent with the coding of AGE in other states. The coding of AGE in 1997 is the same as specified for 1988-1992.

Beginning in 1998, Washington provided a four-digit birth year with the century. If the reported date of birth was greater than the admission date, then the original date of birth remains unchanged and the age at admission (AGE and AGEDAY) was set to inconsistent (.C).

Wisconsin

An error during HCUP processing of 1989-1992 discharges caused age in years (AGE) and date of birth (DOB) to be set to missing (.) for all patients born in the year 1900. Beginning with 1993 discharges, AGE and DOB were processed correctly.

From 1989-1994, only the calculated age could be used to assign AGE because Wisconsin did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

For 1995 discharges, the source supplied an age in years which was used if the age could not be calculated from date of birth and admission date.

Beginning in 1996, only the calculated age could be used to assign AGE because Wisconsin had truncated ages over 96 years to 96.

AGEDAY - Age in days (when AGE is less than 1 year)

General Notes

Age in days (AGEDAY) is reported for patients less than 1 year old. AGEDAY is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEDAY is missing (.) if the age cannot be calculated and the reported age in days is missing.
- AGEDAY is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEDAY is invalid (.A) if the age in days cannot be calculated and the supplied age in days is nonnumeric. An invalid calculated AGEDAY is not replaced by the reported age in days.
- If the data source does not provide the necessary dates to calculate age in days or the reported age in days, then beginning in the 1998 data, AGEDAY is not present on the HCUP files. In the 1988-1997 data, AGEDAY is retained on the HCUP files and is set to unavailable from source (.B).
- AGEDAY is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
    - Beginning in the 1998 data, AGEDAY is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
    - In the 1998-1997 data, AGEDAY is inconsistent with AGE (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 and AGEDAY = missing (.), instead of AGE=0 and AGEDAY=364.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGEDAY	Age in days (when AGE is less than 1 year)	0-364	Days
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes

Arizona

Only the calculated age could be used to assign AGEDAY because Arizona did not supply age in days.

California

California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Iowa

AGEDAY may be incorrectly set to invalid (.A) on newborn records. When only the year of birth is available, Iowa codes the day and month of birth to '01'. This causes the calculated age in days to be negative, and therefore set to invalid (.A).

Only the calculated age could be used to assign AGEDAY. Prior to 1998, Iowa did not supply age in days. Beginning in 1998, Iowa supplied age in days, but the coding was inconsistent with HCUP standards.

Kentucky

Only the calculated age in days could be used to assign AGEDAY because Kentucky did not supply this information.

Maine

Only the calculated age could be used to assign AGEDAY because Maine did not supply age in days.

North Carolina

Only the calculated age in days could be used to assign AGEDAY because North Carolina did not supply this information.

New Jersey

Only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

New York

In the 1988-1997 HCUP New York databases, AGEDAY could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Beginning with the 1998 data, New York provided complete dates and AGEDAY could be calculated.

Oregon

During HCUP processing, only the calculated age in days could be used to assign AGEDAY because:

- Oregon did not report age in days in the data prior to 1998 and
- Oregon reported age in days at discharge beginning in the 1998 data.

Utah

Only the calculated age could be used to assign AGEDAY because Utah did not supply age in days.

Washington

Only the calculated age could be used to assign AGEDAY because Washington did not supply age in days.

West Virginia

Only the calculated age in days could be used to assign AGEDAY because West Virginia did not supply this information.

AGEMONTH - Age in months (when AGE is less than 11 years)

General Notes

Age in months (AGEMONTH) is reported for patients under 11 years of age. AGEMONTH is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEMONTH is set to the supplied age in months if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEMONTH is missing (.) if the age cannot be calculated and the reported age in months is missing.
- AGEMONTH is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEMONTH is invalid (.A) if the age in months cannot be calculated and the supplied age in months is nonnumeric. An invalid calculated AGEMONTH is not replaced by the reported age in months.
- AGEMONTH is set to inconsistent (.C) if AGEMONTH is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).

Uniform Values

Variable	Description	Value	Value Description
AGEMONTH	Age in months (when AGE is less than 11 years)	0-131	Months
		.	Missing
		.A	Invalid
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05

State Specific Notes

None

AHAID - AHA hospital identifier

General Notes

The hospital identifier (AHAID) contains the 7-digit American Hospital Association (AHA) hospital identifier that the AHA uses on their yearly AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

AHAID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

Uniform Values

Variable	Description	Value	Value Description
AHAID	AHA hospital identifier	7(n)	AHA hospital identifier with a leading 6
		Blank	Missing

State Specific Notes

None

AMDC - All Patient Refined MDC

General Notes

All Patient Refined MDC (AMDC) reports the MDC as determined by the APR system. The APR-MDC is supplied by the data source. During HCUP processing, the codes are assigned to the HCUP data element AMDC as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
AMDC	All Patient Refined MDC	nn	APR MDC value
		. or 0	Missing
		.A	Invalid

State Specific Notes

None

AMONTH - Admission month

General Notes

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is nonnumeric or out of range (month NE 1-12), then AMONTH is invalid (.A).

If the data source does not provide the admission month, then beginning in the 1998 data, AMONTH is not present on the HCUP files. In the 1988-1997 data, AMONTH is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values

Variable	Description	Value	Value Description
AMONTH	Admission month	1-12	Admit month
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

None

ANESTH - Method of anesthesia

General Notes

Method of Anesthesia (ANESTH) is reported by the data source and recoded into HCUP uniform values.

Uniform Values

Variable	Description	Value	Value Description
ANESTH	Method of anesthesia	0	No anesthesia
		10	Local anesthesia
		20	General anesthesia
		30	Regional anesthesia
		40	Other anesthesia
		.	Missing
		.A	Invalid

State Specific Notes

New York

New York reports the type of anesthesia administered on the patient during the stay. If during the stay, anesthesia is administered more than once, the level of anesthesia is reported in the following hierarchical order: General, Regional, Other, and Local.

ASCHED - Scheduled versus unscheduled admission

General Notes

The indicator of a scheduled admission (ASCHED) is reported by the data source and recoded into the HCUP uniform values.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASCHED	Scheduled versus unscheduled admission	0	Unscheduled admission
		1	Scheduled admission
		.	Missing
		.A	Invalid

State Specific Notes

California

Beginning in 1997, ASCHED is available. California defines a "Scheduled Admit" as scheduled at least 24 hours before admission. The source category "Infant, less than 24 hours old" is included in the uniform category "Unscheduled Admit" (ASCHED = 0).

New York

New York defined a "Scheduled" admission as one which was arranged through the hospital at least 24 hours before the admission.

ASOURCE - Admission source, uniform coding

General Notes

ASOURCE indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) includes referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals.

If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).

Beginning in the 1998 data, the data element ASOURCE_X retains the source of admission as provided by the data source.

Uniform Values

Variable	Description	Value	Value Description
ASOURCE	Admission source, uniform coding	1	Emergency department
		2	Another hospital
		3	Another health facility including long term care
		4	Court/Law enforcement
		5	Routine, birth, and other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO/AHCCCS health plan referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

California

California			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
nn1	Route was this hospital's emergency room	1	Emergency department
51n, where n = 0 or 2	Acute inpatient care (this hospital)	2	Another hospital
52n, where n = 0 or 2	Acute inpatient care (another hospital)		

2mn, where m = 0-3, n = 0 or 2	Residential care facility	3	Other health facility including long-term care
3mn, where m = 0-3, n = 0 or 2	Ambulatory surgery		
4mn, where m = 0-3, n = 0 or 2	Skilled Nursing/Intermediate care		
5mn, where m = 0 or 3, n = 0 or 2	Acute inpatient hospital care (not a hospital)		
6mn, where m = 0-3, n = 0 or 2	Other inpatient hospital care		
8mn, where m = 0-3, n = 0 or 2	Prison/jail	4	Court/Law enforcement
1mn, where m = 0-3, n = 0 or 2	Home	5	Routine including births and other sources
7mn, where m = 0-3, n = 0 or 2	Newborn		
9mn, where m = 0-3, n = 0 or 2	Other		
000, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

The first digit of ASOURCE_X describes the site from which the patient originated (e.g., home (1), residential care facility (2), ambulatory surgery (3), skilled nursing/intermediate care (4), acute inpatient hospital care (5), other inpatient hospital care (6), newborn (7), prison/jail (8), other (9)).

The second digit of ASOURCE_X describes the license of site from which the patient originated (e.g., this hospital (1), another hospital (2), not a hospital (3)).

The third digit describes the route by which the patient was admitted (e.g., this hospital's emergency room (1), not this hospital's emergency room (2). Source value 2 includes patients seen in the emergency room of another

hospital and patients not seen in any emergency room.).

Newborns

In all years, California assigned all records containing a principal diagnosis code of "newborn, born in hospital" (defined as DX1 equal to V3x.0x) to an admission source of newborn, regardless of the admission source reported by the hospital. These discharges are included under the uniform category routine, birth, and other (ASOURCE = 5).

Home Health Service

Prior to 1995, the categories coded under routine, birth, and other (ASOURCE = 5) included an admission source of "Home Health Service."

Beginning in 1995, home health service is not reported by California as a separate category. No documentation is available from the source to indicate whether home health service is reported under another source category.

Court/Law Enforcement

Prior to 1995, the source documentation supplied by California does not indicate which source categories are used for "Court/Law Enforcement" (ASOURCE=4).

Beginning in 1995, the source reported a separate category for admissions from "Prison/Jail." These discharges are included under the uniform category "Court/Law Enforcement" (ASOURCE = 4).

Ambulatory Surgery

Beginning in 1995, the source reports a separate category for admissions from ambulatory surgery. These discharges are included under the uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3).

Colorado

Colorado			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural hospital		

5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Florida

Florida			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from skilled nursing facility	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
10	Normal delivery (if ATYPE=4)		
11	Premature delivery (if ATYPE=4)		
12	Sick baby (if ATYPE=4)		

13	Extramural birth (if ATYPE=4)		
09, 14, Blank	Other/Unknown, Other/Unknown (if ATYPE=4), Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa

Iowa			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal birth (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Kentucky

Kentucky			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
A	Transfer from critical care hospital		
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
9, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Massachusetts

Massachusetts			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Outside hospital emergency room	1	Emergency department
R	Within hospital emergency room (beginning in October 1999)		
4	Transfer from an acute hospital	2	Another hospital
5	Transfer from a skilled nursing home	3	Other health facility including long-term care

6	Transfer from Intermediate Care Facility		
T	Transfer from outside ambulatory surgery		
X	Observation		
Y	Within hospital ambulatory surgery		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Within hospital clinic referral		
3	HMO referral		
9	Other (to include level 4 nursing facility)		
L	Outside hospital clinic referral		
M	Walk-in / Self Referral		
A	Normal delivery (if ATYPE = 4)		
B	Premature delivery (if ATYPE = 4)		
C	Sick baby (if ATYPE = 4)		
W	Extramural birth (if ATYPE = 4)		
D	Extramural birth (if ATYPE = 4)		
0, Z, Bland	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Maryland

Maryland			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
05	Admitted from home (when the emergency flag provided by MD indicates the record was admitted from the emergency room)	1	Emergency department
9, 99, Blank	Missing (when the emergency flag provided by MD indicates the record was admitted from the emergency room)		

00	Transferred from on-site acute care unit to rehabilitation unit	2	Another hospital
01	Transferred from another hospital to a specialty center		
02	Transferred from another hospital for any other reason		
11	Transfer from on-site acute care unit to psych unit (Beginning in 2000)		
03	Transferred from a nursing home	3	Other health facility including long-term care
04	Transferred from any other institution		
06	Transferred from Lithotripsy facility		
07	Transferred from on-site ambulatory outpatient surgery unit		
08	Transferred from off-site ambulatory outpatient surgery unit		
12	Admitted from on-site sub-acute facility (beginning in 1996)		
13	Admitted from other sub-acute facility (beginning in 1996)		
--		4	Court/Law enforcement
05	Admitted from home (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room)	5	Routine including births and other sources
10	Newborn		
9, 99, Blank	Missing (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room)	.	Missing
Any values not documented by the data source		.A	Invalid
Maryland flagged admissions through emergency rooms as a separate variable from the source of admission. This separate variable was used to recode the source values for "Admitted from Home" (ASOURCE_X = 05) and "Missing" (ASOURCE_X = 9, 99, or blank).			

Maine

Maine			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
0, 9, Blank	Missing	.	Missing
Any other values not documented by the data source		.A	Invalid

North Carolina

North Carolina			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility

6	Transfer from another health care facility		including long-term care
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, 1, N, U, Y; 9,0,5,6,7; Blank	Documented by source as unknown values; Documented by source as unknown values (if ATYPE = 4)	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey

New Jersey			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
1	Normal birth (if ATYPE=4)		

2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

In 1995-1996, the admission source, "Transfer from a Rural Primary Care Hospital" was erroneously recoded to the HCUP uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3). Beginning in 1997, the admission source "Transfer from a Rural Primary Care Hospital" was correctly recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2). This source value was not available from New Jersey prior to 1995.

New York

Admitted from Outpatient Department

- For 1988-1992, the source category "Admitted From Outpatient Department" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Admitted From Outpatient Department" into the source category "Emergency Room" and during HCUP processing, it was assigned to the HCUP category "Emergency Department" (ASOURCE = 1).
- Beginning in 1994, New York does not report "Admitted from Outpatient Department."

Transfer from a Rural Primary Care Hospital

- Beginning in 1995, New York reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2).

Other Source

- For 1988-1992, the source category "Other Source" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Other Source" into the source category "Information Not Available" and during HCUP processing, it was assigned to the HCUP category "Missing" (ASOURCE = .).
- Beginning in 1994, New York does not report "Other Source."

New York			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

Oregon

Oregon			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement

01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
00	Home Health (discontinued in 1999)		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
21	Admissions office (discontinued in 1998)		
22	Newborn (discontinued in 1998)		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina

South Carolina			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		

2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0, 9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Utah

Utah			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4) (This is not available in the SASD)		
2	Premature delivery (if ATYPE=4) (This is not available in the SASD)		
3	Sick baby (if ATYPE=4) (This is not available in the SASD)		
4	Extramural birth (if ATYPE=4) (This is not available in the SASD)		
0	Newborn		
9, Blank	Unknown, Missing	.	Missing

Any values not documented by the data source	.A	Invalid
SID: Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows: If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source, Else ASOURCE_X = the admission source for non-newborns. SASD: Only the non-newborn admission source was provided.		

Washington

Washington			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
9	Other		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
Blank	Missing	.	Missing
Any values not documented by the		.A	Invalid

data source		

West Virginia

West Virginia			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Wisconsin

Wisconsin			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care

6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature newborn (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

ASOURCE_X - Admission source, as received from source

General Notes

ASOURCE_X retains the source of the admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

The data element ASOURCE indicates the source of the admission recoded into HCUP uniform values

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASOURCE_X	Admission source, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element ASOURCE.

ATYPE - Admission type

General Notes

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

Because it is infrequently available from data sources, the admission type of delivery (ATYPE=5) is discontinued beginning in the 1998 data. If available, deliveries are recoded under urgent (ATYPE=2).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ATYPE	Admission type	1	Emergency
		2	Urgent
		3	Elective
		4	Newborn
		5	Delivery (coded in 1988-1997 data only)
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona does not separately classify deliveries. The source documentation supplied by Arizona does not indicate which source categories were used for deliveries.

Colorado

In 1995, Colorado began collecting admission type, but it was optional for hospitals to report this data to the hospital association.

Colorado does not separately classify deliveries. The source documentation supplied by Colorado does not indicate which source categories were used for deliveries. Beginning with 1998 data, the HCUP variable for admission type does not include a value for deliveries (ATYPE = 5).

Florida

Florida does not separately classify deliveries. According to the documentation available from the source, most normal deliveries are categorized as urgent (ATYPE = 2), and most cesarean births and some normal deliveries are included under elective (ATYPE = 3).

Iowa

Iowa does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Kentucky

Kentucky does not separately classify deliveries. The source documentation supplied by Kentucky does not indicate which source categories were used for deliveries.

Massachusetts

Massachusetts does not separately classify deliveries. The source documentation supplied by Massachusetts does not indicate which source categories are used for deliveries.

Maryland

During HCUP processing of 1993 data, the source category "Rehabilitation" was erroneously recoded to the HCUP category "Invalid" (ATYPE = .A) instead of "Other" (ATYPE = 6). During HCUP processing for other years, the source category Rehabilitation was correctly recoded to the HCUP category "Other" (ATYPE=6).

Beginning in 1997, the source reported a separate category for "Psychiatric" admissions. These discharges are included under the uniform category "Other" (ATYPE = 6).

Beginning in 1998, an admission type of "Delivery" was recoded to "Urgent" (ATYPE = 2).

Maine

Maine does not separately classify deliveries. The source documentation available for Maine does not describe which admission type(s) were used for deliveries.

North Carolina

North Carolina does not separately classify deliveries. The source documentation supplied by North Carolina does not indicate which source categories were used by deliveries.

New Jersey

New Jersey does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

New York

New York does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Oregon

Oregon does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

South Carolina

South Carolina does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Utah

Utah does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Utah does not describe which admission type(s) were used for these categories.

Washington

Washington does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

West Virginia

West Virginia does not separately classify deliveries. The source documentation supplied by West Virginia does not indicate which source categories were used for deliveries.

Wisconsin

Wisconsin does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

AWEEKEND - Admission day is on a weekend

General Notes

An indicator of whether the admission day is on the weekend (AWEEKEND) is calculated from the admission date (ADATE). If AWEEKEND cannot be calculated (ADATE is missing or invalid), then

- AWEEKEND is missing (.) if ADATE is missing (.) or
- AWEEKEND is invalid (.A) if ADATE is invalid (.A).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values

Variable	Description	Value	Value Description
AWEEKEND	Admission day is on a weekend	0	Admitted Monday-Friday
		1	Admitted Saturday-Sunday
		.	Missing
		.A	Invalid

State Specific Notes

Florida

The reported admission day of week was used to assign AWEEKEND. Florida did not provide admission date.

New York

The assignment of AWEEKEND varies by year in New York:

- Beginning in the 2000 data, AWEEKEND is assigned form the reported admission day of the week if the admission date is missing.

- In the first version of 1998-1999 data, AWEEKEND was calculated from the admission date. Because New York masked the admission dates on AIDS/HIV* records, AWEEKEND is missing (.) on these discharges.

  An updated version of the 1998-1999 data is available with AWEEKEND coded

on the New York AIDS/HIV* records. The updated version has AWEEKEND calculated using the method described for the 2000 data.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

AYEAR - Admission year

General Notes

Admission year (AYEAR) is derived from the admission date (ADATE). If ADATE is missing, then AYEAR is missing (.). If ADATE is invalid, then AYEAR is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AYEAR	Admission year	yyyy	Admission year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, admission year (AYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

BLOOD - Pints of blood furnished to the patient

General Notes

Pints of blood furnished to the patient (BLOOD) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
BLOOD	Pints of blood furnished to the patient	0-999.99	Pints of blood furnished
		.	Missing
		.A	Invalid

State Specific Notes

New York

New York reports the total number of pints of whole blood or units of packed red cells furnished to the patient, whether or not replaced.

BMONTH - Birth month

General Notes

Birth month (BMONTH) is derived from the date of birth (DOB). If DOB is missing, then BMONTH is missing (.). If DOB is invalid, then BMONTH is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
BMONTH	Birth month	1-12	Birth month
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth month (BMONTH) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

BWT - Birth weight in grams

General Notes

Birth weight (BWT) is coded in grams. No edit check comparing the birth weight to the diagnosis or procedure codes is performed.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
BWT	Birth weight in grams	228-9143	Grams
		.	Missing
		.A	Invalid: Beginning with 1998 data, range check of 0.5 lbs (228 grams) to 20 lbs (9143 grams) was applied to the source data

State Specific Notes

Colorado

In 1993, Colorado began collecting birth weight of newborns, but it was optional for hospitals to report this data to the hospital association.

Kentucky

Kentucky hospitals provide the birth weight of the newborns in either pounds/ounces or grams. During HCUP processing birth weights coded in pounds/ounces are converted into grams.

Maryland

For 1990-1992, birth weight was reported by Maryland but was not processed as an HCUP variable. Beginning with 1993 discharges, birth weight is available in the HCUP Maryland data.

New York

New York restricts the values of birth weight. Values less than 100 grams are set to 100; values greater than 9000 grams are set to 9000 grams.

New York rounded down the birthweight to the nearest 100 grams on AIDS/HIV newborn discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

BYEAR - Birth year

General Notes

Birth year (BYEAR) is derived from the date of birth (DOB). If DOB is missing, then BYEAR is missing (.). If DOB is invalid, then BYEAR is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
BYEAR	Birth year	yyyy	Birth year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth year (BYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

CHGn - Detailed charges

General Notes

Detailed charges (CHGn) are retained as provided by the data source, including cents and negative values. Zero charges are retained as a zero and are NOT set to missing (.). Charges greater than $9,999,999 are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
CHGn	Detailed charges	+/- 7(n).nn	Charges
		.	Missing
		.A	Invalid

State Specific Notes

Arizona

Beginning in 1995, the source reports detailed charges. Arizona uses the UB-92 revenue codes to group similar charges. For example, CHG8 "Nursery" includes all charges to the three-digit UB-92 revenue codes that begin with 17. This will include "Routine Newborn," revenue code 170, and "Neo-Natal ICU," revenue code 175.

Detailed charge categories for Arizona are:

CHGn	Description	UB-92 Revenue Codes
CHG1	All Inclusive Room and Board	10x
CHG2	Room and Board, Private	11x
CHG3	Room and Board, Two Beds	12x
CHG4	Room and Board, 3-4 Beds	13x
CHG5	Private (Deluxe)	14x
CHG6	Room and Board, Ward	15x
CHG7	Room and Board, Other	16x
CHG8	Nursery	17x
CHG9	ICU	20x

CHG10	CCU	21x
CHG11	Special Charges	22x
CHG12	Incremental Charges	23x
CHG13	All Inclusive Ancillary	24x
CHG14	Pharmacy	25x
CHG15	IV Therapy	26x
CHG16	Medical/Surgical Supplies	27x
CHG17	Oncology	28x
CHG18	DME (Other than renal)	29x
CHG19	Laboratory	30x
CHG20	Laboratory Pathology	31x
CHG21	Radiology, Diagnostic	32x
CHG22	Radiology, Therapeutic	33x
CHG23	Nuclear Medicine	34x
CHG24	CT Scan	35x
CHG25	Operating Room	36x
CHG26	Anesthesia	37x
CHG27	Blood	38x
CHG28	Blood Storage/Processing	39x
CHG29	Other Imaging	40x
CHG30	Respiratory Services	41x
CHG31	Physical Therapy	42x
CHG32	Occupational Therapy	43x
CHG33	Speech Therapy	44x
CHG34	Emergency Room	45x
CHG35	Pulmonary Function	46x
CHG36	Audiology	47x
CHG37	Cardiology	48x
CHG38	Osteopathic Services	53x
CHG39	Ambulance	54x
CHG40	Medical Social Services	56x
CHG41	MRI	61x
CHG42	Medical Surgical Supplies (extension of revenue codes 27x)	62x
CHG43	Drugs requiring specific ID	63x

CHG44	Cast Room	70x
CHG45	Recovery Room	71x
CHG46	Labor/Delivery Room	72x
CHG47	EKG/ECG	73x
CHG48	EEG	74x
CHG49	Gastro Intestinal Services	75x
CHG50	Treatment/Observation Room	76x
CHG51	Lithotripsy	79x
CHG52	Inpatient Renal Dialysis	80x
CHG53	Organ Acquisition	81x
CHG54	Miscellaneous Dialysis	88x
CHG55	Psychiatric Treatment	90x
CHG56	Psychiatric Services	91x
CHG57	Other Diagnostic Services	92x
CHG58	Other Therapeutic Services	94x
CHG59	Professional Fees	96x
CHG60	Professional Fees	97x
CHG61	Professional Fees	98x
CHG62	Patient Convenience Items	99x
CHG63	All Other Charges	---

Colorado

The charge categories for Colorado are:

CHG1	Routine Charges (UB-92 Revenue Codes 100-239)
CHG2	Laboratory Charges (UB-92 Revenue Codes 300-319)
CHG3	Radiology Charges (UB-92 Revenue Codes 320-359, 400-409, 610-619)
CHG4	Pharmacy Charges (UB-92 Revenue Codes 250-259)
CHG5	All Other Charges (All other UB-92 Revenue Codes)

Florida

Starting in 1992, Florida supplied charge details by aggregated UB-82 revenue center categories. The following are the revenue centers associated with each variable. The small x refers to all valid digits within the general category, e.g., revenue center 11x refers to 110-119.

Variable	Category	Aggregated UB-82 Revenue Centers
CHG1	Room Charges	11x-16x
CHG2	Nursery	17x
CHG3	Intensive Care	20x (Not available in 1997)
CHG4	Coronary Care	21x (Not available in 1997)
CHG5	Pharmacy	25x (Not available in 1997)
CHG6	Medical/Surgical Supplies & Devices	27x (Not available in 1997)
CHG7	Oncology	28x
CHG8	Laboratory	30x
CHG9	Laboratory Pathological	31x
CHG10	Radiology-Diagnostic	32x
CHG11	Radiology-Therapeutic	33x
CHG12	Nuclear Medicine	34x
CHG13	CT Scan	35x
CHG14	Operating Room Service	36x
CHG15	Anesthesia	37x
CHG16	Respiratory Services	41x
CHG17	Physical Therapy	42x
CHG18	Occupational Therapy	43x
CHG19	Emergency Room	45x
CHG20	Cardiology	48x
CHG21	Magnetic Resonance Imaging (MRI)	61x
CHG22	Recovery Room	71x
CHG23	Labor Room/Delivery	72x
CHG24	Other (not covered by preceding revenue code groups)	---

Iowa

Beginning in 1993, Iowa includes professional fees (CHG1) in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG_X) during HCUP processing to make Iowa total charges comparable to data from other states.

Beginning in 1998, Iowa provides 22 additional detailed charges for a total of 23 detailed charges. They are as follows:

HCUP Variable	Revenue Centers	UB-92 Codes
CHG1	Professional component charges	Not specified
CHG2	Room	11x-16x, 230, 235, 239
CHG3	Nursery	17x, 231
CHG4	ICU	20x, 21x, 233, 234
CHG5	Pharmacy	25x, 63x
CHG6	Medical/Surgical Supply	27x, 62x
CHG7	Laboratory	30x, 31x
CHG8	MRI and CAT Scans	35x, 61x
CHG9	Therapeutic Radiology	33x
CHG10	Other Imaging Services	32x, 40x
CHG11	Nuclear Medicine	34x
CHG12	Operating Room	36x
CHG13	Anesthesia	37x
CHG14	Respiratory Therapy	41x
CHG15	Physical Therapy	42x
CHG16	Uncovered	253, 99x
CHG17	Professional Fees	96x, 97x, 98x
CHG18	Treatment or Observation Room	76x
CHG19	Ambulatory Surgical Care	49x
CHG20	Emergency Room	45x
CHG21	Recovery Room	71x
CHG22	Other	All Others
CHG23	Labor and Delivery	72x

Kentucky

Detailed charges (CHGn) are associated with identified revenue centers (REVCDn) and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. Kentucky reports detailed charges (CHGn) associated with standard UB-92 revenue codes stored in REVCDn. Kentucky does not collapse or redefine ranges of revenue codes.

Information on total charges (revenue center 001) was removed from the detailed charge arrays. (CHGn, REVCDn, and UNITn). Information on total charges is available in the HCUP variables TOTCHG and TOTCHG_X.

Massachusetts

The charge detail provided by Massachusetts varies across years.

- *Starting in 1999:* Detailed charges (CHGn) are associated with the UB-92 revenue centers (REVCDn), and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service are specified in UNIT1. Massachusetts provides 110 revenue codes, detail charges, and units, but not all revenue centers (REVCDn) have an associated charge (CHGn = .). During HCUP processing, the array of revenue codes, charges, and units are condensed so that only the revenue codes that have non-missing charges are retained. No information is lost.

- *In 1998:* Detailed charges (CHGn) are associated with the UB-92 revenue centers (REVCDn), and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service are specified in UNIT1. Massachusetts provides 110 revenue codes, detail charges, and units, but not all revenue centers (REVCDn = .) have a charge (CHGn = .). The revenue codes are constant across records. For example, REVCD1 = 111 on all discharges even if there is no charge (CHG1 = .) for that revenue center.

- *1994-1997:* Massachusetts reported charge details and units by specific UB-92 revenue centers. The detailed charges and units are retained on the HCUP files in assigned positions. For example, CHG1 is always for UB-92 revenue code 111 "Routine Medical/Surgical." Refer to the tables below for CHGn revenue center definitions for 1994-1997 files. Definitions of detail charges (CHGn) and units (UNITn) in the HCUP Massachusetts files do not necessarily match definitions in earlier years.

Charge Categories in 1994-1997

For 1994-1997, Massachusetts provided 81 charge categories. Beginning in the 4th quarter of 1997, seven more charge categories (CHG82-CHG88) were added. Data quality problems often appear in the first year that data elements are added, so use these data elements with caution. The following are the UB-92 revenue centers associated with each variable:

Included UB-92 Category	Variable	Revenue Center
Routine Medical/Surgical	CHG1	111
Routine Obstetrics	CHG2	112
Routine Pediatrics	CHG3	113

Routine Psychiatric	CHG4	114
Routine Hospice	CHG5	115
Routine Detoxification	CHG6	116
Routine Oncology	CHG7	117
Routine Rehabilitation	CHG8	118
Other Routine Accommodation	CHG9	119
Routine Newborn	CHG10	170
Neo-Natal ICU	CHG11	175
Medical/Surgical ICU	CHG12	200
Pediatric ICU	CHG13	203
Psychiatric ICU	CHG14	204
Post Care ICU	CHG15	206
Burn Unit	CHG16	207
Trauma ICU	CHG17	208
Other Special Care ICU	CHG18	209
Coronary Care Unit	CHG19	210
Myocardial Infarction Unit	CHG20	211
Pulmonary Care Unit	CHG21	212
Heart Transplant Unit	CHG22	213
Post Coronary Care Unit	CHG23	214
Other Coronary Care Unit	CHG24	219
Special Charges	CHG25	220
Incremental Nursing Charge Rate	CHG26	230
All Inclusive Ancillary	CHG27	240
Pharmacy	CHG28	250
IV Therapy	CHG29	260
Medical/Surgical Supplies	CHG30	270
Oncology	CHG31	280
Durable Medical Equipment	CHG32	290
Laboratory	CHG33	300
Laboratory Pathological	CHG34	310
Diagnostic Radiology	CHG35	320
Therapeutic Radiology	CHG36	330
Nuclear Medicine	CHG37	340
CAT Scan	CHG38	350

Surgical Service (OR)	CHG39	360
Anesthesia	CHG40	370
Blood	CHG41	380
Blood Storage/Processing	CHG42	390
Other Imaging Services	CHG43	400
Respiratory Services	CHG44	410
Physical Therapy	CHG45	420
Occupational Therapy	CHG46	430
Speech-Language Pathology	CHG47	440
Emergency Room	CHG48	450
Pulmonary Function	CHG49	460
Audiology	CHG50	470
Cardiology	CHG51	480
Ambulatory Surgical Care	CHG52	490
Outpatient Services before Admission (Invalid for Inpatient Services)	CHG53	500
Clinic (Invalid for Inpatient Purposes)	CHG54	510
Ambulance	CHG55	540
Medical Social Services	CHG56	560
MRI	CHG57	610
Med./Surg. Supplies (extends 270)	CHG58	620
Drugs Req. Specific Identification	CHG59	630
Hospice Services	CHG60	650
Cast Room	CHG61	700
Recovery Room	CHG62	710
Labor Room/Delivery	CHG63	720
EKG/ECG	CHG64	730
EEG	CHG65	740
Gastro-Intestinal Services	CHG66	750
Treatment or Observation Room	CHG67	760
Lithotripsy	CHG68	790
Inpatient Renal Dialysis	CHG69	800
Organ Acquisition	CHG70	810
Dialysis (National Assignment)	CHG71	860
Miscellaneous Dialysis	CHG72	880

Other Donor Bank	CHG73	890
Psychiatric/Psycholog. Treatments	CHG74	900
Psychiatric/Psychological Services	CHG75	910
Other Diagnostic Services	CHG76	920
Other Therapeutic Services	CHG77	940
Other Ancillary Services	CHG78	950
Professional Fees	CHG79	960
Professional Fees	CHG80	970
Professional Fees	CHG81	980
Chronic	CHG82	192 (Available 4th qtr 1997)
Sub-Acute	CHG83	196 (Available 4th qtr 1997)
TCU	CHG84	197 (Available 4th qtr 1997)
SNF	CHG85	198 (Available 4th qtr 1997)
Treatment Room	CHG86	761 (Available 4th qtr 1997)
Observation Room	CHG87	762 (Available 4th qtr 1997)
Other Observation Room	CHG88	769 (Available 4th qtr 1997)

Maryland

For 1990-1992, detailed charges were reported by Maryland but were not processed as HCUP variables. Beginning in 1993, detailed charges are available for Maryland.

The charge categories for Maryland are:

CHG1	Medical/Surgical Acute Charges
CHG2	Coronary Care Charges
CHG3	Medical/Surgical Intensive Care Charges
CHG4	Nursery Charges
CHG5	Oncology Charges
CHG6	Skilled Nursing Care Charges
CHG7	Psychiatric Acute Charges

CHG8	Operating Room Charges
CHG9	Drug Charges
CHG10	Radiology Diagnostic Charges
CHG11	Radiology Therapeutic Charges
CHG12	Nuclear Medicine Charges
CHG13	CAT Scan Charges
CHG14	MRI Charges
CHG15	Cardiac Catheterization Charges
CHG16	Laboratory Charges
CHG17	Medical Supplies Charges
CHG18	Respiratory Therapy Charges
CHG19	Physical Therapy Charges
CHG20	Occupational Therapy Charges
CHG21	Speech and Audiology Charges
CHG22	Pulmonary Function Charges
CHG23	Anesthesiology Charges
CHG24	Blood Charges
CHG25	Emergency Room Charges
CHG26	Outpatient Clinic Charges
CHG27	Freestanding Clinic Charges
CHG28	Labor and Delivery Charges
CHG29	EKG Charges
CHG30	EEG Charges
CHG31	Other Charges

Maine

The number of available detail charges varies by year.

In 1999, Maine provides total charges for professional fees (CHG1). Professional charges (CHG1) were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Beginning in 2000, Maine provides 33 detail charges. Detailed charges (CHG1-CHG33) are associated with the identified revenue centers (REVCD1-REVCD33), and units of service (UNIT1-UNIT3). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. Revenue codes are available for

accommodation and ancillary charges. Units are available for accommodation charges. Maine also provides total charge for professional fees (CHG34). Professional charges (CHG34) were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

North Carolina

North Carolina provides 10 detail charges:

HCUP Variables	Description
CHG1	Routine charges
CHG2	ICU/CCU charges
CHG3	Surgery charges
CHG4	Laboratory charges
CHG5	Pharmacy charges
CHG6	Radiology charges
CHG7	Respiratory charges
CHG8	Physical Therapy charges
CHG9	Supplies charges
CHG10	Other charges

New Jersey

The charge categories from New Jersey are:

CHG1	Medical - Surgical Charges
CHG2	Obstetric Charges
CHG3	Pediatric Charges
CHG4	Psychiatric Charges
CHG5	Burn Care Unit Charges
CHG6	Intensive Care Unit Charges
CHG7	Coronary Care Unit Charges
CHG8	Neonatal Intensive Care Unit Charges
CHG9	Newborn Nursery Charges
CHG10	Emergency Room Charges
CHG11	Clinic Charges
CHG12	Home Health Charges

CHG13	Anesthesiology Charges
CHG14	Cardiac Catheterization Charges
CHG15	Delivery and/or Gyn Charges
CHG16	Dialysis Charges
CHG17	Drug or Pharmacy Charges
CHG18	Electrocardiogram Charges
CHG19	Laboratory Charges
CHG20	Medical Surgical Supply Charges
CHG21	Neurology Charges
CHG22	Nuclear Medicine Charges
CHG23	Occupational Therapy Charges
CHG24	Operating Room Charges
CHG25	Organ Acquisition Charges
CHG26	Physical Therapy Charges
CHG27	Psychiatric Charges
CHG28	Radiology Charges
CHG29	Respiratory Therapy Charges
CHG30	Speech Pathology Charges
CHG31	Therapeutic Radiology Charges
CHG32	Same Day Surgery Charges
CHG33	Excluded Charges
CHG34	Non-Acute Ancillary Charges
CHG35	Medicare, Part B, Non-Acute Charges

Warning: In 1995, confusion over the mapping of Uniform Billing revenue codes to Neonatal Intensive Care Unit charges (CHG8) and newborn nursery charges (CHG9) caused some hospitals to erroneously place NICU charges (CHG8) under nursery charges (CHG9). This does not affect other years.

New Jersey includes professional fees in several charge categories because professional fees are aggregated within the revenue centers and the fees cannot be separated. There is no documentation available from the data source to determine where professional fees were included.

New York

Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn), units of service (UNITn) and rates (RATEn). For example, CHG1 applies to the revenue center in REVCD1 for the rate in RATE1 and the units of service specified in UNIT1.

Revenue codes are available for accommodation and ancillary charges. Units and rates are available only for accommodation charges.

- CHG1-CHG5 contain accommodation charges and
- CHG6-CHG25 contains ancillary charges.

See note under revenue codes (REVCDn) for a definition of all of the revenue codes associated with these detailed charges (CHGn).

Blood Charges

- For 1988-1992, CHG26 contains blood charges but there is no associated revenue center.
- For 1993, there are no blood charges included in the HCUP New York Inpatient data.
- Beginning in 1994, blood charges are indicated by revenue centers 381 (packed red blood cells) and 382 (whole blood).

Adjustment to Charges for Interim Bills

- For 1988-1992, when the length of stay from the Discharge Data Abstract did not equal the length of the billing period from the Uniform Billing Form, total charges (TOTCHG) and charge details (CHGn, RATEn, UNITn, REVCDn) were set to missing (.) because this billing information pertained only to the billing period, not the complete inpatient stay. However, TOTCHG_X contains the original value from the billing record.
- Beginning in 1993, billing dates were not reported by New York and the adjustment to charge details (CHGn, RATEn, UNITn, REVCDn) was not made.

Oregon

Beginning in 1995 HCUP Oregon databases, ten detailed charge categories are available:

Variable	Charge Category
CHG1	Ancillary charges
CHG2	Room and board charges
CHG3	Anesthesiology charges
CHG4	Laboratory charges
CHG5	Labor and delivery charges
CHG6	Oncology charges
CHG7	Operating room charges
CHG8	Pharmacy charges

CHG9	Radiology charges
CHG10	Other charges

The ancillary charge (CHG1) is the sum of all charges except room and board charges (CHG3-CHG10).

Some hospitals reported detailed charges (CHG1-CHG10) but not total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient. Other hospitals did not submit data for the detailed charge categories (CHG1-CHG10), although total charges (TOTCHG and TOTCHG_X) were reported.

South Carolina

The number of detailed charges supplied by South Carolina changes across years.

- Prior to 1995, South Carolina supplied 51 detailed charges and no charge for "Other Charges".
- In 1995, South Carolina supplied 52 detailed charges. They created charge fields (CHG1-CHG51) that were comparable to previous years and added a new charge field (CHG52) labeled "Other Charges".
- Starting in 1996, South Carolina supplied 78 detailed charges. Some charges are an addition to those previously supplied. For example, starting in 1996 there is a category for room and board charges from a Hospice. Other charges give more detail than previously supplied. For example, prior to 1996 there was one charge for ICU charges. Starting in 1996, there are 5 different ICU charges.

Starting in 1996, the detailed charge categories from South Carolina were:

CHGn	**Charge Category**
CHG1	Room and Board - All Inclusive Rate
CHG2	Room and Board - General medical charges
CHG3	Room and Board - Psych charges
CHG4	Room and Board - Hospice charges
CHG5	Room and Board - Detox charges
CHG6	Room and Board - Oncology charges
CHG7	Room and Board - Rehab charges
CHG8	Room and Board - Other charges
CHG9	Nursery - Levels I and Other charges
CHG10	Nursery - Level II
CHG11	Nursery - Level III
CHG12	Nursery - Level IV

CHG13	ICU charges
CHG14	ICU - Pediatric charges
CHG15	ICU - Psych charges
CHG16	ICU - Intermediate ICU charges
CHG17	ICU - Burn Unit charges
CHG18	Coronary Care charges
CHG19	Coronary Care - Intermediate CCU charges
CHG20	Special charges
CHG21	Nursing acuity charges
CHG22	All Inclusive Ancillary
CHG23	Pharmacy charges
CHG24	IV Therapy charges
CHG25	Supplies charges
CHG26	Oncology charges
CHG27	Equipment charges
CHG28	Laboratory charges
CHG29	Radiology - Diagnostic charges
CHG30	Radiology - Therapeutic services charges
CHG31	Chemotherapy charges
CHG32	Linear Accelerator
CHG33	Nuclear medicine charges
CHG34	CT scan charges
CHG35	Operating room charges
CHG36	Anesthesia charges
CHG37	Blood charges
CHG38	Other Imaging charges
CHG39	PET Scan charges
CHG40	Respiratory therapy charges
CHG41	Physical therapy charges
CHG42	Occupational therapy charges
CHG43	Speech and Audiology charges
CHG44	Emergency room charges
CHG45	Pulmonary function charges
CHG46	Cardiology charges
CHG47	Cath lab charges

CHG48	Ambulatory surgical care (ASC) charges
CHG49	Outpatient services - general charges
CHG50	Outpatient Clinic services charges
CHG51	Outpatient Clinic - freestanding charges
CHG52	Other Inpatient services charges
CHG53	Ambulance services charges
CHG54	Skilled Nursing charges
CHG55	Home Health Agency (HHA) charges
CHG56	MRI charges
CHG57	Hospice charges
CHG58	Outpatient Special Resident charges
CHG59	Recovery room charges
CHG60	Labor room/delivery charges
CHG61	EKG charges
CHG62	EEG charges
CHG63	Gastro Intestinal charges
CHG64	Observation Beds charges
CHG65	Preventative Care services charges
CHG66	Vaccine Administration charges
CHG67	Lithotripsy charges
CHG68	Renal Dialysis - Inpatient charges
CHG69	Organ acquisition charges
CHG70	Dialysis Outpatient charges
CHG71	Psychiatric/Psychol services charges
CHG72	Other Therapy Rehabilitation charges
CHG73	Cardiac rehabilitation charges
CHG74	Alcohol and Drug rehabilitation charges
CHG75	Professional fees - Providers and Other Specialists charges
CHG76	Professional fees - Therapies and Lab charges
CHG77	Professional fees - Other and Outpatient services charges
CHG78	Patient Convenience charges

Prior to 1996, the detailed charge categories from South Carolina were:

CHGn	Charge Category
CHG1	Room and Board - general medical charges
CHG2	Room and Board - psychology charges
CHG3	Room and Board - detoxification charges
CHG4	Room and Board - oncology charges
CHG5	Room and Board - rehabilitation charges
CHG6	Room and Board - other charges
CHG7	Nursery charges
CHG8	Premature nursery charges
CHG9	Neonatal ICU charges
CHG10	ICU charges
CHG11	CCU charges
CHG12	Nursing acuity charges
CHG13	Pharmacy charges
CHG14	Supplies charges
CHG15	Equipment charges
CHG16	Laboratory charges
CHG17	Radiology charges
CHG18	Chemotherapy charges
CHG19	Radiology-therapeutic services charges
CHG20	Nuclear medicine charges
CHG21	CT scan charges
CHG22	Operating room charges
CHG23	Anesthesia charges
CHG24	Blood charges
CHG25	PET scan charges
CHG26	Respiratory therapy charges
CHG27	Physical therapy charges
CHG28	Other therapy charges
CHG29	Emergency room charges
CHG30	Pulmonary function charges
CHG31	Cardiology charges
CHG32	Cardiac Catherization lab charges

CHG33	Ambulatory surgical services charges
CHG34	Ambulance services charges
CHG35	MRI charges
CHG36	Recovery room charges
CHG37	Labor room/delivery charges
CHG38	EKG charges
CHG39	EEG charges
CHG40	Observation charges
CHG41	Lithotripsy charges
CHG42	Inpatient renal dialysis charges
CHG43	Organ acquisition charges
CHG44	Miscellaneous dialysis charges
CHG45	Psychiatric/psychological treatment charges
CHG46	Cardiac rehabilitation charges
CHG47	Complex medical equipment charges
CHG48	Professional fees
CHG49	Other inpatient charges
CHG50	Other outpatient charges
CHG51	Invalid revenue code charges
CHG52	Other charges (valid beginning in 1995)

Utah

The charge categories for Utah are:

CHG1	Facility charges (revenue codes 10x-94x)
CHG2	Professional charges (revenue codes 95x-98x)

Washington

Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn) and the units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1.

Units are not required for all revenue sources; the units field may be coded as missing (.) or zero.

Beginning in 2000, if total charges are identified in the detail charges (REVCDn = "001"), the corresponding detail charge, unit, and revenue code are set to missing.

West Virginia

Detailed charges (CHGn) are associated with identified revenue centers (REVCDn) and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. West Virginia reports detailed charges (CHGn) associated with standard UB-92 revenue codes stored in REVCDn. West Virginia does not collapse or redefine ranges of revenue codes.

The first 12 variables in each array (CHG1-CHG12, REVCD1-REVCD12, and UNIT1-UNIT12) are reserved for room and board services; the remaining variables are used for ancillary services.

DaysBurnUnit - Days in the burn care unit, as received from source

General Notes

Days in the burn care unit (DaysBurnUnit) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysBurnUnit	Days in the burn care unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DaysCCU - Days in the coronary care unit, as received from source

General Notes

Days in the coronary care unit (DaysCCU) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysCCU	Days in the coronary care unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DaysICU - Days in the intensive care unit, as received from source

General Notes

Days in the intensive care unit (DaysICU) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysICU	Days in the intensive care unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DaysNICU - Days in the neonatal care unit, as received from source

General Notes

Days in the neonatal care unit (DaysNICU) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysNICU	Days in the neonatal care unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DaysPICU - Days in the pediatric care unit, as received from source

General Notes

Days in the pediatric care unit (DaysPICU) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysPICU	Days in the pediatric care unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DaysShockUnit - Days in the shock trauma unit, as received from source

General Notes

Days in the shock trauma unit (DaysShockUnit) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DaysShockUnit	Days in the shock trauma unit, as received from source	0-999	Days
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Source values for "Not Applicable" and "Unknown" are recoded to missing (.).

DCCHPRn - Clinical Classifications Software: diagnosis classification

General Notes

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPRn is coded as follows:

- DCCHPRn ranges from 1 to 260 if the diagnosis code (DXn) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- DCCHPRn is missing (.), if there is no diagnosis code (DXn = " ").
- DCCHPRn is set to invalid (.A), if the diagnosis code (DXn) is invalid (DXVn = 1).

DCCHPRn is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXVn = .C). For best results, use DCCHPRn only when the diagnosis is valid and consistent (DXVn = 0).

Beginning in the 1998 data, this data element is called DXCCSn.

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS, formerly known as CCHPR, categories are documented in HCUP Tools: Labels and Formats. Both sixteen-and forty-character labels are available.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also documented in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DCCHPRn	Clinical Classifications Software: diagnosis classification	1-260	CCS Diagnosis Codes
		.	No diagnosis code
		.A	Invalid diagnosis code

State Specific Notes

None

DDATE - Discharge date

General Notes

Discharge date (DDATE) is assigned a valid nonmissing date, with the following exceptions:

- If a discharge date is supplied by the data source, but one or more of the components of the discharge date (year, month, day) is
  - Blank or a documented missing value, then DDATE = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), DDATE = invalid (.A).
- If the discharge day is inconsistent with the month (e.g., February 30), then DDATE = invalid (.A).
- If the data source does not provide the discharge date, then beginning in the 1998 data, DDATE is not present on the HCUP files. In the 1988-1997 data, DDATE is retained on the HCUP files and is set to unavailable from source (.B).

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, DDATE is replaced by discharge month (DMONTH) and discharge year (YEAR). In databases before 1998, the day portion of the date stored in DDATE is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from DDATE are computed before DDATE is masked.

Uniform Values

Variable	Description	Value	Value Description
DDATE	Discharge date	YYMMDD	Date of Discharge
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the discharge date (DDATE) with a four-digit year. In prior years, only a two-digit year was available.

New York

In the 1998-2000 data, discharge date (DDATE) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

In the 1988-1997 HCUP New York databases, the data source provided discharge year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete discharge date was provided by the data source.

Utah

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

DIED - Died during hospitalization

General Notes

Died during hospitalization (DIED) is coded from disposition of patient. The HCUP data element for disposition of the patient varies across years of data.

Beginning in the 1998 data, the HCUP data element DISPUniform is used to code DIED.

- If DISPUniform indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISPUniform indicates that a patient died in the hospital (value 20), then DIED is coded as 1.
- If DISPUniform is missing (.) or invalid (.A), then DIED is also missing (.) or invalid (.A).

Patients that died outside of the hospital are coded as missing (DISPUniform = . and DIED = .).

From 1988-1997 data, the HCUP data element DISP is used to code DIED.

- If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISP indicates that a patient died in or out of the hospital (value 20), then DIED is coded as 1.
- If DISP is missing (.), invalid (.A), or unavailable from the source (.B), then DIED is also missing (.), invalid (.A), or unavailable from the source (.B).

Patients that died outside of the hospital are included in the same category as patients that died in the hospital (DISP = 20), so for these patients DIED is coded as 1.

In the 1998-2000 HCUP data files, missing values of DIED were erroneously set to invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DIED	Died during hospitalization	0	Did not die
		1	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

New Jersey

In 1994, New Jersey reported that Englewood Hospital and Medical Center (DSHOSPID = 00450) incorrectly reported transfers to other hospitals as deaths.

DISP - Disposition of patient

General Notes

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). Patients that died outside of the hospital are coded as died (DISP =20).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISP	Disposition of patient	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Arizona

In 1995, Arizona added the disposition "Home IV Provider." This is recoded to the HCUP discharge disposition Home Health Care (DISP = 6).

California

Beginning in 1995, California differentiates the discharge disposition to care within the same facility and discharges to another facility. Patients discharged to another level of care (e.g., long term care, residential care, and other care) were included in the uniform category "Another Type of Facility" (DISP = 5) regardless of whether the patient was physically transferred to another hospital or stayed in the same facility. Discharges to acute care were included in the uniform category "Short-Term Hospital" (DISP = 2).

Beginning in 1995, the source reports a separate category for discharges to "Prison/Jail." These discharges were included in the uniform category "Routine" (DISP = 1).

Florida

Prior to 1997, the source category of "Discharged Home on IV Medications" was recoded to the HCUP discharge disposition of Home (DISP = 1). Beginning in 1997, this source category was recoded to Home Health Care (DISP = 6) to be consistent with the coding of this discharge disposition in other states.

Massachusetts

For all years, the source code for "Discharge Other" was included in the HCUP category "Missing" (DISP = .).

Beginning in 1993, quarter 4, the source codes for "Further Care - Inpatient or Outpatient Department" and "Rest Home" were included in the HCUP category "Another Type of Facility" (DISP = 5).

Maryland

Another Type of Facility

The following source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "Rehab Facility,"
- "Rehab Unit-Other Hosp," and
- "On-site Distinct Rehab Unit."

Beginning in 1996, three additional source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "On-site Psychiatric Unit,"
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

Intermediate Care Facility

- "On-site Psychiatric Unit",
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

New Jersey

Beginning in October 1995, New Jersey reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

New Jersey

In 1994, New Jersey reported that Englewood Hospital and Medical Center (DSHOSPID = 00450) incorrectly reported transfers to other hospitals as deaths.

New York

In All Years

- The source category "Neonatal Aftercare" was recoded to the HCUP uniform category "Short-Term Hospital" (DISP = 2).
- The source category "Psychiatric Chronic Care Facility" was recoded to the HCUP uniform category "Another Type of Facility" (DISP = 5).

Residential Health Care Facility

- For 1988-1992, the source coded "Intermediate Care Facility" and "Residential Health Care Facility" in a single category. This was recoded to the HCUP category "Intermediate Care Facility (ICF)" (DISP = 4).
- For 1993, New York included "Residential Health Care Facility" with their category for "Skilled Nursing Facility." This was assigned to the HCUP category "Skilled Nursing Facility" (DISP = 3). "Intermediate Care Facility" was coded in its own category.
- Beginning in 1994, the source reports "Domiciliary Health Care Facility" in place of "Residential Health Care Facility." This was recoded to "Another Type of Facility" (DISP = 5).

Tertiary Aftercare

- Beginning in 1994, the source reports "Transferred to Another Hospital for Tertiary Aftercare." This was recoded to the HCUP category "Short-Term Hospital" (DISP = 2).

Hospice

- Beginning in October 1995, New York reports two new categories for discharge disposition:
    - "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
    - "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Expired

- Beginning in 1997, New York reports three new categories coded under died (DISP = 20):
    - "Expired at home,"
    - "Expired at a medical facility," and
    - "Expired, place unknown."

Oregon

According to Oregon's 1993 report to HCUP on their data practices, some Oregon hospitals do not differentiate discharges to home (DISP = 1) and discharges to home health care (DISP = 6). These discharges would be reported in the HCUP Oregon data as discharges to home (DISP = 1). Information on more recent practices is not available.

Prior to 1995, Oregon did not report discharges to "Other short-term facility" (DISP = 2) although the category was included in the source documentation. Beginning in 1995, this discharge disposition was reported.

Beginning in 1997, Oregon reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

South Carolina

In addition to the usual categories coded under died (DISP = 20), the following dispositions are include:

- "Expired at home,"
- "Expired at a medical facility," and
- "Expired, place unknown."

Beginning in 1996, South Carolina reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

Utah

In addition to the usual categories coded under died (DISP = 20), the following dispositions are included:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

Wisconsin

Beginning in 1995, Wisconsin reports two new categories:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

DISP_X - Disposition of patient, as received from source

General Notes

DISP_X retains the disposition of patient as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the disposition of the patient:

- DISPUniform has general categories for routine, hospital transfers, other transfers, Home Health Care, expired.
- DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISP_X	Disposition of patient, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element DISPUB92 or DISPUniform.

DISPUB92 - Disposition of patient, UB92 coding

General Notes

DISPUB92 indicates the disposition of the patient at discharge and uses the same coding as the patient status data element on the UB-92 claim form.

DISPUB92 has more detailed categories for transfers and Home Health Care than the HCUP data element DISPUniform. DISP_X retains the disposition of patient as provided by the data source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISPUB92	Disposition of patient, UB92 coding	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility (for inpatient care)
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		8	Home IV provider
		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
		20	Died in hospital
		40	Died at home
		41	Died in a medical facility
		42	Died, place unknown
		50	Hospice - home
		51	Hospice - medical facility
		61	Within this institution to a Medicare-approved swing bed, beginning in 2000 data
		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data

		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data
		71	Another institution for outpatient services, beginning in 2000 data
		72	This institution for outpatient services, beginning in 2000 data
		99	Discharge alive, destintation unknown, beginning in 2001 data
		.	Missing
		.A	Invalid

State Specific Notes

Arizona

Arizona			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self care (routine)	1	Routine
2	Another short term general hospital	2	Short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Another type of institution	5	Another type of facility
6	Home under care of organized home health service organization	6	Home health care
7	Left against medical advice	7	Against medical advice
8	Home under care of a Home IV provider	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown

--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
9	All Other	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Colorado

Colorado			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown

50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
Blank	Missing	.	Missing
Any other values		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Florida

Florida			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01, 1	Home	1	Routine
02, 2	Short term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility
05, 5	Another type of institution	5	Another type of facility
06, 6	Home under care of home health care organization	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home on IV medications	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown

--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
Blank	Missing		
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Iowa

Iowa			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1	Home or self-care	1	Routine
3	Other acute hospital	2	Short-term hospital
4	SNF	3	Skilled nursing facility
5	ICF	4	Intermediate care facility
6	Other health care facility	5	Another type of facility
2	Home health service	6	Home health care
7	Against medical advice	7	Against medical advice
--		8	Home IV provider
8	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed

			(beginning in 2000)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Kentucky

Kentucky			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Routine (home/ self-care)	1	Routine
02	Short term hospital	2	Short-term hospital
03	Skilled Nursing Facility	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Another type of facility	5	Another type of facility
06	Home health care	6	Home health care
07	Against medical advice	7	Against medical advice
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20, 21	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility
42	Died, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed

--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services
--		99	Discharge alive, destination unknown, beginning in 2001 data.
10, 11, Blank	No longer covered by Medicaid, transferred to another category of service, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Massachusetts

Massachusetts			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home (routine)	1	Routine
14	Rest Home (Beginning in 1998)		
15	Shelter (Beginning in 1999)		
02	Another short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Further care - Inpatient or OPD	5	Another type of facility

10	Chronic hospital		
11	Mental health facility		
13	Rehab hospital		
14	Rest Home (Prior to 1998)		
06	Home under care of home health agency	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home for IV drug therapy	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
12	Discharge Other	.	Missing
00, Blank	Missing		
09	Not used (Beginning in 1999)	.A	Invalid
Any values not documented by the data source			
DISPUniform is coded directly from DISPUB92.			

Maine

Maine			
(Valid beginning in 2000)			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

DISPUniform is coded directly from DISPUB92.

Maine			
(Valid in 1999)			
DISP_X		DISPUB92	
Value	Description	Value	Description
1	Home	1	Routine
7	Boarding home		
3	Another acute care hospital	2	Short-term hospital
4	Skilled Nursing Facility	3	Skilled Nursing Facility
5	Intermediate care facility	4	Intermediate care facility
6	Another health care facility	5	Another type of facility
8	Home health care agency	6	Home health care
2	Left against medical advice	7	Against medical advice
--		8	Home IV provider
9	Died	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

North Carolina

North Carolina			
DISP_X		DISPUB92	
Value	Description	Value	Description
1	Home or self-care (Routine)	1	Routine
2	Another short term general hospital	2	Short-term hospital

3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Another type of institution	5	Another type of facility
6	Home under care of home health care organization	6	Home health care
7	Left against medical advice	7	Against medical advice
8	Home under care of Home IV provider	8	Home IV provider
20	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility
42	Died, place unknown	42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed
--		71	Another institution for outpatient services
--		72	This institution for outpatient services
9, 10, 50, 51, Blank	Documented by source as unknown values	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

New Jersey

New Jersey			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital

03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized HHA	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home with IV therapy	8	Home IV provider
20	Expired, no autopsy	20	Died in the hospital
21	Expired, with autopsy		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

New York

New York			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
90	Plan of care completed (SASD Only)		
91	Pre-admission (SASD Only)		
02	Another acute general hospital	2	Short-term hospital

09	Admitted as an inpatient to this hospital (SASD only)		
10	Neonate discharged another hospital (Inpatient data only)		
13	Another hospital for tertiary aftercare (Inpatient data only)		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
12	Intermediate care facilities for the mentally retarded		
05	Another type of institution	5	Another type of facility
11	Short-term psychiatric, chronic hospital or long-term specialty hospital providing for psychiatric illnesses		
14	Domiciliary Care Facility (Inpatient data only)		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider (Inpatient data only)	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Transfer within institution to a Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
71	Discharged/transferred/referred to another institution for outpatient	71	Another institution for outpatient

	services as specified by the discharge plan of care		services (added for 2000 data)
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services (added for 2000 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Oregon

Oregon			
DISP_X		**DISPUB92**	
Value	Description	Value	Description
01	Routine discharge (to home of self care)	1	Routine
10	Discharged - no longer covered by Medicaid		
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
11	Transferred to another category of service		
06	Home health care service	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged home under care of a Home IV Service	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare	61	Within this institution to a hospital-based Medicare

	approved swing bed		approved swing bed (Beginning in 2000)
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

South Carolina

South Carolina			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1, 01	Home or self care (routine)	1	Routine
2, 02	Another short term general hospital	2	Short-term hospital
9, 09	Admitted as an inpatient to this hospital (Invalid for the SID, valid for the SASD and SEDD)		
3, 03	Skilled nursing facility	3	Skilled nursing facility
4, 04	Intermediate care facility	4	Intermediate care facility
5, 05	Another type of institution	5	Another type of facility
6, 06	Home under care of home health service organization	6	Home health care
7, 07	Left against medical advice	7	Against medical advice
8, 08	Home under care of Home IV Provider	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility

--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
0, 00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Utah

Utah			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Discharge to home or self care (routine)	1	Routine
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged home under care of a home IV provider	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility

42	Expired - place unknown	42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
09, 00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Washington

Washington			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine discharge)	1	Routine
02	Short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a home IV provider	8	Home IV provider
20	Expired	20	Died in the hospital
--		40	Died at home

--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

West Virginia

West Virginia			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home/Self-Care/Routine	1	Routine
02	Sort Term Hospital	2	Short-term hospital
03	Skilled Nursing Facility	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
50	Hospice - Home	50	Hospice - home

51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Wisconsin

Wisconsin			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
1, 01	Home or self care (routine)	1	Routine
2, 02	Short-term general hospital	2	Short-term hospital
3, 03	Skilled nursing facility	3	Skilled nursing facility
4, 04	Intermediate care facility	4	Intermediate care facility
5, 05	Another type of facility	5	Another type of facility
6, 06	Home health care	6	Home health care
7, 07	Against medical advice	7	Against medical advice
8, 08	Home intravenous provider	8	Home IV provider
20	Died	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - Home

51	Hospice - Medical facility	51	Hospice - Medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

DISPUniform - Disposition of patient, uniform coding

General Notes

DISPUniform indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). To ensure uniformity of coding across data sources, DISPUniform combines detailed categories in the more general groups. For example,

- Transfers to facilities other than short-term hospitals (skilled nursing facilities, intermediate care facilities, and other type of facilities) are coded as DISPUniform = 5.
- Transfers to Home Health Care (including IV providers and Hospice home care) are coded as DISPUniform = 6.

DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital. The following table lists how the values of DISPUB92 map to the values of DISPUniform:

Coding of DISPUB92 into DISPUniform			
DISPUB92		**DISPUniform**	
Value	**Description**	**Value**	**Description**
1	Routine	1	Routine
71	Another institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
72	This institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
2	Short-term Hospital	2	Transfer to Short-term Hospital
9	Admitted as an inpatient to this hospital. Valid only on outpatient data. *Value was added beginning in the 2001 HCUP data.*		
3	Skilled Nursing Facility (SNF)	5	Transfer Other: Includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Another
4	Intermediate Care Facility (ICF)		
5	Another Type of Facility		
51	Hospice - Medical Facility		

61	Within this institution to a hospital-based Medicare approved swing bed. *Value was added beginning in the 2000 HCUP data.*		Type of Facility
62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital. *Value was added beginning in 2001 HCUP data.*		
63	Discharge, transferred to a long term care hospital swing bed. *Value was added beginning in the 2001 HCUP data.*		
6	Home Health Care (HHC)	6	Home Health Care (HHC)
8	Home IV Provider		
50	Hospice-Home		
7	Against Medical Advice (AMA)	7	Against Medical Advice (AMA)
20	Died in Hospital	20	Died
40	Died at Home. *Prior to the 2001 data, value 40 "Died at Home" was mapped to missing (.).*	99	Discharge alive, destination unknown. *Value was added beginning in the 2001 data.*
41	Died in Medical Facility. *Prior to 2001 data, value 41 "Died in Medical Facility" was mapped to missing (.).*		
42	Died, place unknown. *Prior to the 2001 data, value 42 "Died, place unknown" was mapped to missing (.).*		
99	Discharged alive, destination unknown. *Value was added beginning in the 2001 data.*		
.	Missing	.	Missing
.A	Invalid	.A	Invalid

DISP_X retains the disposition of patient as provided by the data source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISPUniform	Disposition of patient, uniform coding	1	Routine
		2	Transfer to short-term hospital
		5	Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died in hospital
		99	Discharged alive, destination unknown, beginning in 2001
		.	Missing
		.A	Invalid

State Specific Notes

California

California			
DISP_X		**DISPUniform**	
Value	**Description**	**Value**	**Description**
01	Routine (Home)	1	Routine
09	Prison/Jail		
02	Acute care (within this hospital)	2	Transfer to short-term hospital
05	Acute care (another hospital)		
03	Other care (within this hospital)	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
04	Skilled nursing/Intermediate care (within this hospital)		
06	Other care (another hospital)		

07	Skilled nursing/Intermediate care (another hospital)		
08	Residential care facility		
13	Other (another hospital)		
12	Home Health Services	6	Home health care
10	Against medical advice	7	Against medical advice
11	Died	20	Died in hospital
00, Blank	Missing	.	Missing (includes died outside of hospital)
Any values not documented by the data source		.A	Invalid
There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92.			

Maryland

Maryland			
DISP_X		**DISPUniform**	
Value	**Description**	**Value**	**Description**
01	Home or self-care	1	Routine
05	Acute care general hospital	2	Transfer to short-term hospital
06	Other health care facility	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
10	Rehabilitation facility		
11	Rehabilitation unit of other hospital		
12	On-site distinct rehabilitation unit		
13	Transfer to nursing facility		
14	On-site psychiatric unit (inpatient only)		
15	On-site sub-acute unit (inpatient only)		
16	Other sub-acute care facility (inpatient only)		
03	Home health care	6	Home health care

08	Left against medical advice	7	Against medical advice
07	Died	20	Died
09, 99, Blank	Unknown	.	Missing (includes died outside of hospital)
02	Do not use	.A	Invalid
04	Do not use		
Any values not documented by the data source			
There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92.			

DMONTH - Discharge month

General Notes

Discharge month (DMONTH) is derived from the discharge date (DDATE). If DDATE is missing, then DMONTH is missing (.). If DDATE is invalid, then DMONTH is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DMONTH	Discharge month	1-12	Discharge month
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, discharge month (DMONTH) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

DNR - Do not resuscitate

General Notes

Information concerning the Do Not Resuscitate order (DNR) is retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values

Variable	Description	Value	Value Description
DNR	Do not resuscitate	0	No "Do Not Resuscitate" order
		1	"Do Not Resuscitate" order
		.	Missing
		.A	Invalid

State Specific Notes

California

Source documentation indicates that if DNR=1 then a "Do Not Resuscitate" order was written at the time of or within the first 24 hours of the patient's admission to the hospital.

New Jersey

Source documentation indicates that "Do Not Resuscitate" (DNR) is coded when the discharge status is "expired" (DISPUB92 = 20).

DOB - Date of birth

General Notes

DOB is assigned a valid nonmissing birthdate, with the following exceptions:

- If a date of birth is supplied by the data source, but one or more of the components of the birthdate (year, month, day) is
  - Blank or a documented missing value, then DOB = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), then DOB = invalid (.A).
- If the day of birth is inconsistent with the month (e.g., February 30), then DOB = invalid (.A).
- If the data source does not provide the date of birth, then beginning in the 1998 data, DOB is not present on the HCUP files. In the 1988-1997 data, DOB is retained on the HCUP files and is set to unavailable from source (.B).
- If the birthdate is confirmed to be a valid date, but the calculated age is negative:
  - Beginning in the 1998 data, DOB and AGE are set to inconsistent (.C) by edit check EAGE02. AGEDAY and AGEMONTH are set to missing (.).
  - From 1988-1997 data, DOB remains unchanged, and AGE and AGEDAY are set to invalid (.A). AGEMONTH is not available on the 1988-1997 HCUP databases.

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, DOB is replaced by birth month (BMONTH) and birth year (BYEAR). In databases before 1998, the day portion of the date stored in DOB is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from DOB are computed before DOB is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DOB	Date of birth	YYYYMMDD	Date of Birth
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02

State Specific Notes

Arizona

The coding of date of birth (DOB) and the use of the reported age differs across years:

Starting in 1996	Arizona reported a four-digit year for date of birth (DOB). If the reported four-digit birth year was greater than the admission year then the original date of birth remains unchanged and the age at admission (AGE and AGEDAY) was set to inconsistent (C.) beginning in 1998 and invalid (A.) in 1996-1997. The reported age was not used because it is the age at the time of discharge.
1995	Arizona reported a two-digit year for date of birth (DOB). During HCUP processing, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.
Prior to 1995	Arizona reported a four-digit year for date of birth(DOB). If the reported four-digit birth year was greater than the admission year, the reported age was checked. If the reported age was greater than the two-digit discharge, DOB is imputed as a date in 1800, instead of 1900. For example, if a 1993 discharge had a reported date of birth of January 1, 1999 and a reported age of 94, then DOB was set to January 1, 1899.

Due to an error during HCUP processing of 1990 and 1991 discharges, some birthdates in January 1999 were converted to incorrect SAS missing values. DOB should have retained the erroneous date, however, DOB was set to .B or .C by mistake.

Birthdates of January 3, 1999 were set to .B; birthdates of January 4, 1999 were set to .C. The following distribution of missing values for date of birth (DOB) was generated:

Value	1990 Count	1991 Count
.B	2	2
.C	1	0

DOB was processed correctly for discharges in years other than 1990 and 1991.

Iowa

When only the year of birth is available, Iowa assigns the day and month of birth to '01'.

New York

In the 1998-2000 data, date of birth (DOB) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

In the 1988-1997 HCUP New York databases, the data source provided birth year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete date of birth was provided by the data source.

Wisconsin

An error during HCUP processing of 1989-1992 discharges caused age in years (AGE) and date of birth (DOB) to be set to missing (.) for all patients born in the year 1900.

Beginning with 1993 discharges, AGE and DOB were processed correctly.

DQTR - Discharge quarter

General Notes

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

Uniform Values

Variable	Description	Value	Value Description
DQTR	Discharge quarter	1	First quarter (Jan - Mar)
		2	Second quarter (Apr - Jun)
		3	Third quarter (Jul - Sep)
		4	Fourth quarter (Oct - Dec)
		0	Missing or invalid

State Specific Notes

Florida

Beginning in 1997, Florida did not supply discharge date. DQTR was assigned from the discharge quarter provided by Florida.

DRG - DRG in use on discharge date

General Notes

The Diagnosis Related Group (DRG) appropriate for the date of discharge is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedures that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth DRG version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

The Need for a Valid Discharge Date

The DRG grouper needs a valid discharge date because DRG versions change at specific points in time. If the discharge date was invalid or not available from a data source, a temporary discharge date (for use only by the DRG grouper) was created based on the discharge quarter and year according to the following rules:

- Discharge year (YEAR) is always nonmissing.
- Discharge quarter (DQTR) ranges from zero to 4, where zero indicates that the quarter was missing or invalid.

Discharge Quarter (DQTR)	Temporary Date (MM/DD/YY) passed to DRG Grouper
1	01/01/YY
2	04/01/YY
3	07/01/YY
4	10/01/YY
0	07/01/YY

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG	DRG in use on discharge date	nnn	DRG value

State Specific Notes

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

DRG10 - DRG, Version 10

General Notes

The Diagnosis Related Group, Version 10 (DRG10) is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedures that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 10

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 1992, the period associated with DRG Version 10. The translated codes are then passed to the DRG Version 10 HCFA Grouper software. Caution: The 3M Mapper can translate only those codes with a discharge date occurring after September 30, 1988. Therefore, codes which changed definition on October 1, 1988 may not be properly handled.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG10	DRG, Version 10	nnn	DRG value

State Specific Notes

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

DRG18 - DRG, Version 18

General Notes

The Diagnosis Related Group, Version 18 (DRG18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 18

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 2000, the period associated with DRG Version 18. The translated codes are then passed to the DRG Version 18 HCFA Grouper software.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

A format to label DRG18 is documented in HCUP Tools: Labels and Formats and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DRG18	DRG, Version 18	nnn	DRG value

State Specific Notes

None

DRGVER - DRG grouper version used on discharge date

General Notes

The DRG Grouper Version (DRGVER) is assigned by the HCFA DRG grouper during HCUP processing. For discharges occurring before October 1, 1991, DRGVER contains the DRG "revision" number. For discharges after that date, DRGVER contains the DRG "version" number (which is one value higher than the revision number). This coding scheme is consistent with the labeling of the DRG reference material, including the DRG coding books. Thus, on September 30, 1991 the DRGVER = 7; but on October 1, 1991 the DRGVER = 9.

Uniform Values

Variable	Description	Value	Value Description
DRGVER	DRG grouper version used on discharge date	4	4th revision, eff. Oct 1, 1987
		5	5th revision, eff. Oct 1, 1988
		6	6th revision, eff. Oct 1, 1989
		7	7th revision, eff. Oct 1, 1990
		9	Version 9, eff. Oct 1, 1991
		10	Version 10, eff. Oct 1, 1992
		11	Version 11, eff. Oct 1, 1993
		12	Version 12, eff. Oct 1, 1994
		13	Version 13, eff. Oct 1, 1995
		14	Version 14, eff. Oct 1, 1996
		15	Version 15, eff. Oct 1, 1997
		16	Version 16, eff. Oct 1, 1998
		17	Version 17, eff. Oct 1, 1999
		18	Version 18, eff. Oct 1, 2000

State Specific Notes

None

DSHOSPID - Data source hospital number

General Notes

There are up to three different hospital identifiers included in the HCUP databases:

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSHOSPID	Data source hospital number	13(a)	Data source hospital number

State Specific Notes

California

Prior to 1998, the variable DSHOSPID is length 9 with the first digit indicating the level of care, the next two digits for state "06", and then a 6-digit hospital identifier that included the county code.

Beginning in 1998, DSHOSPID is length 6 and only contains the unique hospital identifier. The level of care indicator is retained in the HCUP variable LEVELCARE.

Regardless of whether the information on the level of care is stored in the first digit of DSHOSPID or variable LEVELCARE, the values are defined as follows:

0=	Type of unit unknown (beginning in 1996)
1=	General acute care
2=	Not a valid code

3=	Skilled nursing and intermediate care (long term care)
4=	Psychiatric care
5=	Alcohol/chemical dependency recovery treatment
6=	Acute physical medicine rehabilitation care.

The reliability of this indicator for the type of care depends on how it was assigned.

Prior to 1995. The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

- If the hospital submitted one batch of records per type of care, then the distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.
- If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

Beginning in 1995. Hospitals were required to assign type of care codes to individual records for certain discharges. These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

Florida

In 1997, Florida hospital identifiers for short-term acute care hospitals are coded slightly differently in its ambulatory and inpatient data. Florida ambulatory surgery data contains

hospital identifiers of length 8. The Florida inpatient data contains hospital identifiers that are mostly length 6. For example:

- Ambulatory Hospital Identifier = "00100001"
- Inpatient Hospital Identifier = "100001"

Beginning in 1998, hospital identifiers that were length 6 were padded with leading zeros for consistency across data types.

Maryland

In 2000, some values of DSHOSPID have leading blanks. These DSHOSPIDs need to be left justified to be consistent with discharges from the same DSHOSPID in 2000 and other years.

Oregon

Beginning with 1995 data, Oregon changed the format of the state-specific hospital identification numbers stored in DSHOSPID. The new format is incompatible with the format used in previous years.

Washington

Included with the records of general acute care stays from community hospitals are records from alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units. Records for these different types of care can be identified by the fourth digit of the supplied hospital identifier (DSHOSPID) on each patient record:

None	General acute care
A=	Alcohol Dependency Unit
B=	Bone Marrow Transplant Unit
E=	Extended Care Unit
H=	Tacoma General/Group Health Combined
I=	Group Health only at Tacoma Hospital
P=	Psychiatric Unit
R=	Rehabilitation Unit
S=	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.

DSNDX - Maximum number of diagnoses provided by source

General Notes

DSNDX contains the maximum number of diagnosis codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNDX	Maximum number of diagnoses provided by source	0 - 30	Total diagnoses possible

State Specific Notes

None

DSNPR - Maximum number of procedures provided by source

General Notes

DSNPR contains the maximum number of procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNPR	Maximum number of procedures provided by source	0 - 30	Total procedures possible

State Specific Notes

None

DSNUM - Date source identification number

General Notes

The data source number (DSNUM) is assigned in the order in which the different data sources are processed. Therefore, the first data source processed has DSNUM = 1; the second data source has DSNUM = 2, and so forth.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNUM	Date source identification number	nn	Data source number

State Specific Notes

None

DSTYPE - Data source type

General Notes

DSTYPE is a categorical data element that identifies whether the discharge comes from a state data organization, a hospital association, or a private data organization (e.g., consortia).

Uniform Values

Variable	Description	Value	Value Description
DSTYPE	Data source type	1	State data organization
		2	Hospital association
		3	Consortia
		4	Other

State Specific Notes

None

DXn - Diagnosis

General Notes

The original value of the principal diagnosis (DX1), whether blank or coded, is retained in the first position of the diagnosis vector. Starting at the first secondary diagnosis (DX2), the diagnoses are shifted during HCUP processing to eliminate blank secondary diagnoses. For example, if DX2 and DX4 contain nonmissing diagnoses and DX3 is blank, then the value of DX4 is shifted into DX3. Secondary diagnoses are never shifted into the principal position (DX1).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the 1988-1997 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP validation procedures, "V300 " is classified as valid for discharges on December 31, 1989, and "V3000" is classified as valid for discharges on July 1, 1989. If the diagnosis is not left justified, contains intermittent blanks, or is zero filled, then the diagnosis will be invalid.

Diagnoses are compared to the sex of the patient (EDX03 beginning in the 1998 data and ED1nn in the 1988-1997 data) and the patient's age (EAGE04 and EAGE05 beginning in the 1998 data and ED3nn and ED4nn in the 1988-1997 data) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent diagnoses are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the diagnosis.

	Invalid Diagnosis	**Inconsistent Code**
The value of DXn	"invl"	"incn"
DXCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- From 1988-1997 data, invalid and inconsistent diagnoses are retained on the record. Validity flags (DXVn) indicate invalid, inconsistent diagnosis codes. Clinical Classifications Software (CCS) data elements use the former name (DCCHPRn). The CCS was formerly known as the Clinical Classifications for

Health Policy Research (CCHPR). The diagnosis related data elements are coded as follows:

	Invalid Diagnosis	Inconsistent Code
The value of DXn	Unchanged	Unchanged
DXVn	Set to 1	Set to inconsistent (.C)
DCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (DXVn) need to be used in connection with any analysis of the diagnoses (DXn).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXn	Diagnosis	annnn	Diagnosis code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EDX02
		incn	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

Arizona

Beginning with 1995 discharges, Arizona reports two "cause of injury" E-codes in separate variables. During HCUP processing, these E-codes are placed after the last non-missing diagnosis code if they are not already recorded as a secondary diagnosis.

Arizona reports some diagnosis codes with an explicit decimal point. The decimal point was removed during HCUP processing.

California

HIV Test Result Diagnoses

California law prohibits the release of HIV test results in patient-identifiable form to any outside party without the patient's consent. Therefore, records that include certain ICD-9-CM codes that indicate HIV test results were not included in the data supplied for HCUP. California eliminated all occurrences of these codes from the diagnosis fields and packed the diagnosis vectors to cover gaps from such removals.

The following ICD-9-CM codes were affected:

- From January 1988 to October 1, 1994, diagnosis codes of 044.x or 795.8 were removed by the data source prior to submitting data to HCUP.
- Beginning October 1, 1994, diagnosis codes of 795.71 or V08 were removed by the data source prior to submitting data to HCUP. These ICD-9-CM codes replaced the earlier codes.

HIV-related diagnoses 042.x and 043.x were unaffected.

The number of such diagnoses eliminated from the principal diagnosis position will be smaller than it otherwise might have been due to a practice in California that actively discourages the reporting of codes for HIV test results (044.x, 795.8, 795.71, and V08) as a principal diagnosis. During data editing, California flags discharges reporting one of these codes in the principal diagnosis position and then calls the submitting hospital to ask if the principal diagnosis should be changed. Hospitals have the option of deleting the code, changing it, or leaving it in place.

Shriner's Hospitals

Shriner's hospitals do not report diagnoses, procedures or total charges.

Psychiatric Diagnoses

Prior to 1995, some hospitals reported psychiatric diagnoses in DSM III which California then converted into ICD-9-CM diagnosis codes. The ICD-9-CM diagnosis codes are included in the HCUP database.

From 1995-1998, some psychiatric hospitals began submitting data for primary diagnosis according to DSM IV criteria. DSM IV codes are indistinguishable in appearance from ICD-9-CM codes but have substantially different meanings. Because of similarities in the coding structure, the source was unable to convert the DSM IV codes to ICD-9-CM codes. DSM IV codes may occur in the HCUP data. Psychiatric hospitals may be included in the California data; no documentation was available on the use of DSM IV codes in psychiatric units of acute care hospitals.

Beginning in 1999, DSM psychiatric codes are not accepted by OSHPD and are not present in the HCUP databases.

E-Codes

Beginning with 1990 discharges, the source reports five "cause of injury" E-codes as separate variables. During HCUP processing, E-codes were placed after the last non-missing diagnosis code.

California does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

Iowa

Beginning in 1994, Iowa reports one "cause of injury" E-codes. Beginning in 1998, Iowa added one "place of injury" E-codes. During HCUP processing, these separately reported E-code variables are placed at the end of the diagnosis vector; since the vector is packed during processing to remove blanks, the position of the E-code for a specific discharge depends on the number of diagnoses reported.

Kentucky

Kentucky reports "cause of injury" E-codes as a separate variable. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Kentucky supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Massachusetts

Beginning in 1993, Massachusetts reported one "cause of injury" E-code. During HCUP processing, the separately reported E-code was placed after the last non-missing secondary diagnosis. E-codes can appear in other secondary diagnosis codes.

Maryland

Maryland reports "cause of injury" E-codes as a separate variable. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

The last secondary diagnosis field on the source data was 9-filled instead of blank when no diagnosis was coded. During HCUP processing, the 9-filled diagnosis was set to blank.

North Carolina

North Carolina supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

New Jersey

Beginning with 1993 discharges, New Jersey reports "cause of injury" E-codes as a separate variable. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

Before 1994, the diagnosis codes provided by the state were right-padded with zeros (e.g., the diagnosis code '436' was supplied as '43600'). For the HCUP database the following algorithm was used to validate the diagnosis codes:

Check the five-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1. If the five-digit code is valid, set DXn to the five-digit code and set DXVn = 0.
2. If the five-digit code is invalid and the fifth digit is a zero, create a four-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the four-digit code is valid, set DXn to the four-digit code and set DXVn = 0.
3. If the four-digit code is invalid and the fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set DXn to the three-digit code and set DXVn = 0.
4. If the five-, four- and three-digit codes are invalid, save the original five-digit code and set the validity flag to indicate an invalid code (DXVn = 1).

New Jersey

In 1993 only. An error in HCUP processing caused invalid five-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digits created a valid code, then

- DXn was set to the original invalid five digit code,
- DXVn was set 0 to indicate a valid code,
- DCCHPR was set based on the stripped valid code, and
- DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601 may have been incorrectly assigned based on the stripped valid code.

New York

Beginning in 1993, New York reports "cause of injury" and "place of injury" E-codes. During HCUP processing, these separately reported E-codes were placed after the last nonmissing secondary diagnosis. When a "cause of injury" E-code in the range of E850.0-E869.9 or E880.0-E928.9 was reported, then a "place of injury" E-code was also reported. If the hospital stay involved the possibility of classifying more than one

situation or event, only the single cause of injury, poisoning, or adverse effect that was most severe was reported.

Oregon

Prior to 1998, Oregon reports one "cause of injury" E-codes as a separate variable. Beginning in 1998. Oregon reports two "cause of injury" E-codes. During HCUP processing, these separately reported E-codes are placed after the last non-missing secondary diagnosis.

Oregon supplied diagnosis codes in a field of length 6. Only the first five characters contained the diagnosis code and were used to assign the HCUP diagnosis codes.

South Carolina

Prior to 2000 data, a small number of discharges explicitly included decimals in the diagnosis field, usually the decimal is implicit. This is problematic because South Carolina supplied diagnoses in a field of length 5. If decimals were included, then a valid 5-digit code would be truncated. For example, the diagnosis for unspecified sickle cell anemia "28260" would be incorrectly reported as "262.6". Prior to 1998, invalid diagnosis codes are marked by a validity flag (DXVn = 1). Beginning in 1998, invalid diagnosis codes are masked (Dxn = "invl").

Beginning in 2000 data this was no longer a problem; explicit decimals were not included in the diagnosis codes.

Utah

Utah reports one "cause of injury" E-code as a separate variable. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

Washington

Washington reported diagnosis codes in a field of length 6 for 1988-1992 and, beginning in 1993, in a field of length 7. Only the first five characters contain the diagnosis code and were used to assign the HCUP diagnosis code.

In 1988, Washington did not report "cause of injury" E-codes. From 1989-1992, Washington reports two "cause of injury" E-codes. Beginning in 1993, Washington reports only one "cause of injury" E-code. During HCUP processing, any separately reported E-code was placed after the last non-missing secondary diagnosis. Washington does not require hospitals to report E-codes in the range E870-E879 (misadventures and abnormal reactions) to the state data organization.

West Virginia

West Virginia reports "cause of injury" E-codes as a separate variable. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

West Virginia supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

Wisconsin

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

DXatAdmitn - Diagnosis present at admission

General Notes

DXatAdmitn indicates whether each diagnosis (DXn) was present at admission. This provides an indicator of complications arising during a hospitalization. If there is a time of onset for which no diagnosis code is present, DXatAdmitn is set to missing (.).

In HCUP databases before 1998, this data element is called TMDXn.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXatAdmitn	Diagnosis present at admission	0	Diagnosis not present at admission
		1	Diagnosis present at admission
		.	Missing or diagnosis is an E-code
		.A	Invalid

State Specific Notes

California

California supplies 30 diagnoses; DXatADMIT1-DXatADMIT25 corresponds to DX1-DX25, respectively. There is no indication of the presence of the diagnosis at admission for DX26-DX30 because these variables contain E-codes.

New York

DXatAdmit1 was not supplied by New York, because the principal diagnosis was, by definition, present at the time of admission. Therefore, DXatAdmit1 was imputed to a value of one for all records.

DXatAdmitn for E-codes were not reported by New York and were set to missing (.) during HCUP processing (see DXn note for information on placement of E-codes in the diagnosis vector).

DXCCSn - Clinical Classifications Software (CCS): diagnosis classification

General Notes

Clinical Classifications Software (CCS) consists of over 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified.

DXCCSn is coded as follows:

- 1 to 259 if the diagnosis code (DXn) is valid by the HCUP criteria and not an E-code (External Causes of Injury and Poisoning). The HCUP criteria for diagnosis validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- 2601-2621 if the diagnosis code (DXn) is a valid E-code by the HCUP criteria.
- DXCCSn is missing (.), if there is no diagnosis code (DXn = " ").
- DXCCSn is set to invalid (.A), if the diagnosis code (DXn) is invalid by the HCUP criteria (EDX02).
- DXCCSn is set to inconsistent (.C), if the diagnosis code (DXn) is inconsistent with age (EAGE04 and EAGE05) or sex of the patient (EDX03).

In HCUP databases before 1998, this data element is called DCCHPRn.

Labels

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXCCSn	Clinical Classifications Software (CCS): diagnosis classification	1-259	CCS Diagnosis Codes
		2601-2621	CCS E-code Class (beginning with 1998 data)
		.	No diagnosis code
		.A	Invalid diagnosis code: beginning with 1998 data, EDX02
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

None

DXSYS - Diagnosis coding system

General Notes

DXSYS indicates the coding system for the diagnoses. For some sources, this information was available on the data record; for others, this information came from file documentation.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXSYS	Diagnosis coding system	1	ICD-9-CM
		.	Missing
		.A	Invalid

State Specific Notes

None

DXVn - Diagnosis validity flag: Diagnosis n

General Notes

DXVn are validity flags that identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

0	indicates a valid and consistent diagnosis code.
1	indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.
.	indicates a missing (blank) diagnosis code.
.C	indicates that the code is inconsistent with the sex of the patient (ED1nn) or the patient's age (ED3nn or ED4nn).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXVn	Diagnosis validity flag: Diagnosis n	0	Valid code
		1	Invalid code
		.	No diagnosis code
		.C	Inconsistent: in 1988 to 1997, ED1nn, ED3nn, ED4nn

State Specific Notes

None

FEMALE - Indicator of sex

General Notes

The sex of the patient (FEMALE) is provided by the data source. All non-male, non-female (e.g., "other") values are set to missing (.).

If FEMALE is inconsistent with diagnoses (EDX03) or procedures (EPR03), FEMALE is set to inconsistent (.C).

In HCUP databases before 1998, this data element is called SEX.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
FEMALE	Indicator of sex	0	Male
		1	Female
		.	Missing
		.A	Invalid
		.C	Inconsistent, EDX03, EPR03

State Specific Notes

Colorado

According to the documentation available from the source, "Other/Unknown" includes patients undergoing sex changes, undetermined sex, live births with congenital abnormalities, and patients whose sex was unavailable from any source document. The source value for "Other/Unknown" was recoded to missing (.), during HCUP processing of 1988-1992 discharges.

Beginning in 1993, "Other/Unknown" was recoded to invalid (.A) during HCUP processing.

Utah

The source value "E" for "Encrypted patient gender (confidential data)" is recoded to missing (FEMALE = .).

Utah encrypts the patient gender for the following two conditions:

1. Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25) and
2. Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

HISPANIC_X - Hispanic ethnicity, as received from the source

General Notes

HISPANIC_X retains information on the Hispanic ethnicity as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain other information about the race of the patient:

- RACE_X retains information on the race of the patient as provided by the data source.
- RACE contains uniformly coded information about the race and ethnicity of the patient. The data element RACE should be used when analyzing race across data sources.

Uniform Values

Variable	Description	Value	Value Description
HISPANIC_X	Hispanic ethnicity, as received from the source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element RACE.

HOSPID - HCUP hospital identification number

General Notes

For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. The hospital entity as defined by HOSPID may differ from the data source hospital entity (DSHOSPID). For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa.

The HCUP hospital identifier is based on the AHA hospital identifier and is defined as:

- SSnnn, where SS = State FIPS Code, and
- nnn = hospital number unique to state.

HOSPID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPID	HCUP hospital identification number	5(n)	HCUP hospital identification number
		Blank	Missing

State Specific Notes

None

HOSPST - Hospital State postal code

General Notes

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPST	Hospital State postal code	aa	Hospital State postal code

State Specific Notes

None

HOSPSTCO - Hospital modified FIPS state/county code

General Notes

HOSPSTCO indicates the five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. Each hospital has only one unique state/county code. If multiple hospital units are in different counties, HOSPSTCO is the county code of the primary facility (as indicated by American Hospital Association Annual Survey information).

HOSPSTCO can be used to link HCUP data to any other data set that uses the modified FIPS county code, such as the Area Resource File and the American Hospital Association Annual Survey of Hospitals. In these modified FIPS county codes, Baltimore City is included in Baltimore County, St. Louis City in St. Louis County, and the independent cities of Virginia in the contiguous counties, Kalawao county, Hawaii is included in Maui County. The four Alaska Judicial Divisions are used as counties.

HOSPSTCO is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

Uniform Values

Variable	Description	Value	Value Description
HOSPSTCO	Hospital modified FIPS state/county code	5(n)	Hospital modified FIPS State/County code
		Blank	Missing

State Specific Notes

None

IDNUMBER - Modified AHA hospital identifier

General Notes

IDNUMBER contains a HCUP-modified American Hospital Association (AHA) hospital identifier. The AHA uses a 7-digit hospital identifier on their yearly AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

IDNUMBER contains the last 6 digits of the original 7-digit AHA hospital identifier because the leading "6" has been removed. The data element AHAID retains the original 7-digit value.

IDNUMBER is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

Uniform Values

Variable	Description	Value	Value Description
IDNUMBER	Modified AHA hospital identifier	6(n)	AHA Hospital identifier without a leading 6
		Blank	Missing

State Specific Notes

None

KEY - Unique record identifier

General Notes

KEY contains a unique record identifier. Beginning in the 1998 data, all HCUP databases are sorted by KEY.

KEY can be used to link within a HCUP database, such as linking records in the Core and Charges files in the SID.

KEY can be used to link across HCUP databases within a data type, i.e., link records in the SID to records in the NIS.

KEY is a unique record identifier and not a person identifier. KEY cannot be used to link records between HCUP inpatient and ambulatory surgery files.

KEY replaces the database-specific record identifiers used in the 1988-1997 HCUP databases (SEQ, SEQ_SID, and SEQ_ASD).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
KEY	Unique record identifier	14(n)	Unique record identifier

State Specific Notes

None

LEVELCARE - Level of patient care, as received from source

General Notes

The level of patient care (LEVELCARE) is retained as provided by the data source. The original values are not recorded unto uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LEVELCARE	Level of patient care, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

California

Prior to 1998, the variable LEVELCARE was not included in the HCUP databases. Information on the level of care was contained in the first digit of the California hospital identifier (DSHOSPID).

The values of LEVELCARE are defined as follows:

0=	Type of unit unknown
1=	General acute care
2=	Not a valid code
3=	Skilled nursing and intermediate care (long term care)
4=	Psychiatric care
5=	Alcohol/chemical dependency recovery treatment
6=	Acute physical medicine rehabilitation care.

California hospitals were required to assign type of care codes to individual records for certain discharges.

These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California assigns the type of care code to all discharges from the facility.

LOS - Length of stay, cleaned

General Notes

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained.

LOS is not equal to the calculated value in the following cases:

- LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS is not present on the HCUP files. In the 1988-1997 data, LOS is retained on the HCUP files and is set to unavailable from source (.B).
- LOS is inconsistent (.C) if
    - LOS is negative (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data),
    - Excessively long (ELOS04 beginning in the 1998 data and ED601 in the 1988-1997 data), or
    - Charges per day are unjustifiably low (ED911) or high (ED921).

Edit checks ED911 and ED921 are only performed on the 1988-1997 data. No charge per day edit checks are performed on the HCUP data beginning in the 1998 data.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS	Length of stay, cleaned	0 - 365	Days (In the 1988-1997 data, LOS can be greater than 365 days)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03, ELOS04; in 1988-1997 data, ED011, ED601, ED911n, ED921

State Specific Notes

Arizona

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

Colorado

The reported length of stay was not used when LOS could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence

Florida

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS. Florida codes same-day stays as

LOS=1; the HCUP standard coding of same-day stays is LOS=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the reported length of stay was not used when LOS could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Iowa

The reported length of stay was not used when LOS could not be calculated because Iowa coded same-day stays with a value of 1.

Kentucky

The reported length of stay was not used when LOS could not be calculated because Kentucky coded same-day stays with a value of 1.

Massachusetts

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Maine

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

North Carolina

The reported length of stay was not used when LOS could not be calculated because North Carolina coded same-day stays with the value 1.

New York

The assignment of LOS and LOS_X varies by year in New York:

- Beginning in the 2000 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS_X when the calculated length of stay was

missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.

- In the first version of 1998-1999 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges.

  An updated version of the 1998-1999 data is available with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated version has LOS and LOS_X calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

Prior to 1994, the reported length of stay was assigned to LOS if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS=1), in addition to reporting same day stay as zero days (LOS=0).

Beginning in 1994, the reported length of stay was not used when LOS could not be calculated from dates because Oregon coded all same-day stays as one day (LOS=1).

South Carolina

The reported length of stay was not used when LOS could not be calculated because South Carolina coded same-day stays with a value of 1.

Utah

The reported length of stay was not used when LOS could not be calculated because Utah coded same-day stays with a value of 1.

Washington

The reported length of stay was not used when LOS could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

West Virginia

Only the calculated length of stay was used to assign LOS because West Virginia did not provide the reported length of stay.

Wisconsin

Only the calculated length of stay was used to assign LOS and LOS_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

LOS_X - Length of stay, uncleaned

General Notes

Length of stay (LOS_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained. LOS_X may contain negative or excessively large values.

LOS_X is not equal to the calculated value in the following cases:

- LOS_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS_X is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS_X is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS_X is not present on the HCUP files. In the 1988-1997 data, LOS_X is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS_X	Length of stay, uncleaned	+/- 7,305	Days (In the 1988-1997 data, LOS_X can be greater than 7,305 days)
		.	Missing
		.A	Invalid (nonnumeric or out of range)
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS_X when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS_X could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

Colorado

The reported length of stay was not used when LOS_X could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Florida

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS_X. Florida codes same-day stays as LOS_X=1; the HCUP standard coding of same-day stays is LOS_X=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the supplied length of stay was not used when length of stay could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Iowa

The reported length of stay was not used when length of stay could not be calculated because Iowa coded same-day stays with a value of 1.

Kentucky

The reported length of stay was not used when LOS_X could not be calculated because Kentucky coded same-day stays with a value of 1

.**Massachusetts**

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

Maine

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

North Carolina

The reported length of stay was not used when LOS_X could not be calculated because North Carolina coded same-day stays with the value 1.

New York

The assignment of LOS and LOS_X varies by year in New York:

- Beginning in the 2000 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS_X when the calculated length of stay was missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.

- In the first version of 1998-1999 data, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges.

  An updated version of the 1998-1999 data is available with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated version has LOS and LOS_X calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Oregon

Prior to 1994, the reported length of stay was assigned to LOS_X if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS_X=1), in addition to reporting same day stays as zero days (LOS_X=0).

Beginning in 1994, the reported length of stay was not used when length of stay could not be calculated from dates because Oregon coded all same-day stays as one day (LOS_X=1).

South Carolina

The reported length of stay was not used when LOS_X could not be calculated because South Carolina coded same-day stays with a value of 1.

Utah

The reported length of stay was not used when LOS_X could not be calculated because Utah coded same-day stays with a value of 1.

Washington

The reported length of stay was not used when length of stay could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

West Virginia

Only the calculated length of stay was used to assign LOS_X because West Virginia did not provide the reported length of stay.

Wisconsin

Only the calculated length of stay was used to assign LOS and LOS_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

MDBOARD1 - Physician 1 licensing board (as received from source)

General Notes

Information on the licensing board for Physician 1 (MDBOARD1) is retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

Prior to 2001, this data element is associated with the synthetic physician identifier stored in MDID_S. Beginning in 2001, this data element is associated with the synthetic physician identifier stored in MDNUM1_S.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDBOARD1	Physician 1 licensing board (as received from source)	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Arizona

In Arizona, the licensing board for the attending physician (MDBOARD1) is coded as follows. Any other codes are undefined.

Source Value	Description
Blank	Missing
1	Medical Examiners
2	Dental Examiners
3	Podiatry Examiners
4	Osteopathic Examiners
5	Nursing
9	Other

MDBOARD2 - Physician 2 licensing board (as received from source)

General Notes

Information on the licensing board for Physician 2 (MDBOARD2) is retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

Prior to 2001, this data element is associated with the synthetic physician identifier stored in SURGID_S. Beginning in 2001, this data element is associated with the synthetic physician identifier stored in MDNUM2_S.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDBOARD2	Physician 2 licensing board (as received from source)	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Arizona

In Arizona, the licensing board for the attending physician (MDBOARD2) is coded as follows. Any other codes are undefined.

Source Value	Description
Blank	Missing
1	Medical Examiners
2	Dental Examiners
3	Podiatry Examiners
4	Osteopathic Examiners
5	Nursing
9	Other

MDC - MDC in effect on discharge date

General Notes

The Major Diagnostic Category appropriate for the date of discharge (MDC) is assigned by the HCFA DRG grouper during HCUP processing. Refer to the notes for the data element DRG for complete details.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDC	MDC in effect on discharge date	nn	MDC value

State Specific Notes

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

MDC10 - MDC, Version 10

General Notes

The Major Diagnostic Category, Version 10 (MDC10) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG10 for complete details.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDC10	MDC, Version 10	nn	MDC value

State Specific Notes

Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

MDC18 - MDC, Version 18

General Notes

The Major Diagnostic Category, Version 18 (MDC18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG18 for complete details.

Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDC18	MDC, Version 18	nn	MDC value

State Specific Notes

None

MDID_S - Synthetic attending physician number

General Notes

Beginning in 2001, this data element is called MDNUM1_S.

MDID_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.
- When the MDID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDID_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDID_S	Synthetic attending physician number	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal attending physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one attending physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The attending physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

Colorado

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice.

Florida

Florida reports state license numbers for the attending physician identifiers. During HCUP processing, physician identifiers were encrypted (MDID_S).

Iowa

Iowa reports Universal Physician Identification Numbers (UPINs) as attending physician identification numbers.

Kentucky

The encrypted attending physician identifier (MDID_S) may not accurately track physicians across hospitals. Kentucky collects two different types of physician

identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers.

Maryland

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) for the attending physician. Source documentation describes strict assignment and verification rules for this field.

North Carolina

North Carolina provides the Universal Physician Identification Numbers (UPINs) for the attending physician. During HCUP processing, this identifier is encrypted.

New Jersey

The coding of attending physician identification number (MDID_S) varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

New York

New York reports state license numbers as physician identifiers. Source documentation indicates that if the attending physician did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

Source physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Washington

The Washington attending physician identifiers may not accurately track physicians across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, physician identifiers were re-encrypted (MDID_S).

West Virginia

The attending physician identifier (MDID_S) does not accurately track physicians across patients and hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers.

MDNUM1_S - Physician 1 number (synthetic)

General Notes

Prior to 2001, this data element is called MDID_S.

MDNUM1_S contains a fixed-key (one-to-one) encryption of the supplied physician 1 number (MDNUM1), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 number identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDNUM1_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM1_S refers to individual physicians or to groups. If the physician 1 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM1_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician 1 identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician 1 identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values

Variable	Description	Value	Value Description
MDNUM1_S	Physician 1 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the primary procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S.
2. Physician that performed the principal procedure is provided in MDNUM2_S.
3. Admitting physician is provided in MDNUM3_S.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Kentucky

In Kentucky three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Physician that performed the primary procedure is provided in MDNUM2_S, and
3. 1st other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians within and across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI). Source documentation describes strict assignment and verification rules for this field. The provided physician identifiers are encrypted during HCUP processing.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Washington

In Washington, two types of physician identifiers are available:Attending physician is provided in MDNUM1_S,

1. Attending physician is provided in MDNUM1_S and
2. 2nd Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDNUM2_S - Physician 2 number (synthetic)

General Notes

Prior to 2001, this data element is called SURGID_S.

MDNUM2_S contains a fixed-key (one-to-one) encryption of the supplied physician 2 number (MDNUM2), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDUNM2_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM2_S refers to individual physicians or to groups. If the physician 2 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM2_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values

Variable	Description	Value	Value Description
MDNUM2_S	Physician 2 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the primary procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified. The provided physician identifiers are encrypted during HCUP processing.

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Physician that performed the primary procedure is provided in MDNUM2_S, and
3. Admitting physician is provided in MDNUM3_S.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Kentucky

In Kentucky three types of physician identifiers are available:

4. Attending physician is provided in MDNUM1_S,
5. Physician that performed the primary procedure is provided in MDNUM2_S, and
6. 1st other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians within and across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI). Source documentation describes strict assignment and verification rules for this field. The provided physician identifiers are encrypted during HCUP processing.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Other physician is provided in MDNUM2_S, and

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

West Virginia

In West Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Other physician is provided in MDNUM2_S.

Physician identification numbers do not accurately track physicians within and across hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDNUM3_S - Synthetic third physician number

General Notes

MDNUM3_S contains a fixed-key (one-to-one) encryption of the supplied third physician number (MDNUM3_S), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician identifiers are the same, the synthetic identifiers, MDID_S, SURGID_S and MDNUM3_S, are the same.
- When the MDNUM3_s in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDNUM3_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM3_S refers to individual physicians or to groups. If the physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM3_S refers to individual physicians or to groups.

Supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted.

Uniform Values

Variable	Description	Value	Value Description
MDNUM3_S	Synthetic third physician number	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Physician that performed the principal procedure is provided in MDNUM2_S
3. Admitting physician is provided in MDNUM3_S.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Kentucky

In Kentucky three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Physician that performed the primary procedure is provided in MDNUM2_S, and
3. 1st other physician is provided in MDNUM3_S.

Physician identification numbers may not accurately track physicians within and across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

MDSPEC - Attending physician specialty, as received from source

General Notes

Beginning in 2001, this data element is called MDSPEC1.

The attending physician's specialty (MDSPEC) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDSPEC	Attending physician specialty, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Maine

In Maine, MDSPEC is coded as follows:

MDSPEC	
Value	Description
01	Emergency Medicine
02	Preventative Medicine
03	Occupational Medicine
04	Public Health/Epidemiology
05	Oncology
06	General Practice
07	Alcohol Rehab
08	Infectious Diseases
09	Geriatrics
10	Allergy

11	Dermatology
12	Cardiology
13	Pulmonary/Respiratory
14	Physical Med/Rehab
15	DO Radiology
16	Not Used
17	DO Pathology
18	DO Anesthesiology
19	DO General Practice
20	Internal Medicine
21	Endocrinology
22	Gastroenterology
23	Nephrology
24	Urology
25	Hematology
26	Psychiatry
27	Proctology
28	Rheumatology
29	DO Dermatology
30	Not Used
31	Neurology
32	Ophthamology
33	Otolaryngology
34	Nurse Anesthesist
35	Physicians Assistant
36	Optometrist
37	Genetics
38	Registered Nurse
39	Not Used
40	Radiology
41	Not Used
42	Not Used
43	Pathology
44	Not Used
45	Anesthesiology

46	Radiation Oncology
47	Not Used
48	Not Used
49	Not Used
50	Obstetrics & Gynecology
51	Pediatrics
52	Not Used
53	Pediatric Cardiology
54	Neonatology
55	Hospital Resident (D.O.)
56	Hospital Resident (M.D.)
57	DO Oncology/Hematology
58	Pediatric Neurology
59	Pediatric Oncology/Hematology
60	General Surgery
61	Orthopedic Surgery
62	Plastic Surgery
63	Thoracic Surgery
64	Neurological Surgery
65	Not Used
66	Not Used
67	Not Used
68	Not Used
69	Unknown
70	General Dentistry
71	Podiatry
72	Oral Surgery
73	Not Used
74	Not Used
75	Not Used
76	Not Used
77	Not Used
78	DO Gastroenterology
79	DO Cardiology
80	DO Family Practice

81	DO Emergency Medicine
82	DO Physical Med/Rehab
83	DO Internal Medicine
84	DO Urology
85	DO Proctology
86	DO Neurology
87	DO Ophthamology
88	DO Otolaryngology
89	DO Psychiatry
90	DO Obstetrics & Gynecology
91	DO General Surgery
92	DO Orthopedic Surgery
93	DO Plastic Surgery
94	DO Thoracic Surgery
95	DO Pediatrics
96	Psychology
97	Nurse Mid-Wife
98	Surgical Assistant
99	Family Practice

New Jersey

The length of MDSPEC is character 1.

In New Jersey, MDSPEC is coded as follows:

Source Value	Description
1	Medical (includes General and Family Practice)
2	Surgical
3	Obstetric
4	Gynecology
5	Pediatric
6	Newborn Pediatric
7	Psychiatric
8	Orthopedic
9	Dental

South Carolina

South Carolina reports physician specialty as the area in which the physician spends the most hours per week, as reported at license renewal. If the physician does not report hours, South Carolina assigns physician specialty as the first practice type reported by the physician.

Physicians report their specialties to South Carolina using the categories and abbreviations in the "source-specific descriptions" column of the following table. South Carolina assigns them to three-character codes and reports the data in that format. During HCUP processing, the three-character codes supplied by the state were assigned to MDSPEC.

In South Carolina, MDSPEC is coded as follows. Any other codes are undefined.

Source Value	Description
0AA	Pediatric Endocrinology (PDE)
0AB	Internal Medicine/Diagnostic Laboratory Immunology (ILI)
0AC	Internal Medicine, Geriatrics (IMG)
0AD	Neurological Surgery, Critical Care (NCC)
0AE	Pathology, Neuropathology (NP)
0AF	Neurology, Pediatric Surgery (NSP)
0AG	Orthopedic Surgery, Adult Reconstructive Orthopedics (OAR)
0AH	Obstetrics & Gynecology/Critical Care Medicine (OCC)
0AI	Orthopedic Surgery, Musculoskeletal Oncology (OMO)
0AJ	Orthopedic Surgery, Pediatric Orthopedics (OP)
0AK	Orthopedic Surgery, Sports Medicine (OSM)
0AL	Orthopedic Surgery, Trauma (OTR)
0AM	Pathology, Chemical (PCH)
0AN	Pathology, Cytopathology (PCP)
0AO	Pediatric Gastroenterology (PG) (code is zero-A-oh)
0AP	Pathology, Immunopathology (PIP)
0AQ	Pediatrics/Diagnostic Laboratory Immunology (PLI)
0AT	Undersea Medicine (UM)
0AU	Radiology, Vascular and Interventional (VIR)
0AV	Addiction Medicine (ADM)
0BB	Pathology, Radioisotopic (RIP)
0BJ	Pediatric Otolaryngology

0BL	Pain Medicine
0BM	Pediatric Ophthalmology
0BS	Obstetrics
0CB	Cardiothoracic Surgery
0CC	Surgery, Vascular (VS)
0CE	Cardiac Electrophysiology
0CJ	Pediatric Infectious Disease
0DD	Neonatal Medicine (NEO)
0EE	Pediatric Pulmonology (PDP)
0FF	Radiation Oncology (RO)
0HH	Pediatric Emergency Medicine (PEM)
0II	Medical Genetics (MG)
0JJ	Psychiatry, Geriatric (PYG)
0KK	Orthopedic Surgery, Spine Surgery (OSS)
0LL	Allergy & Immunology/Diagnostic Laboratory Immunology (ALI)
0MM	Anesthesiology, Pain Management (APM)
0OO	Pathology, Blood Banking (BBK) (code is zero-oh-oh)
0PP	Anesthesiology, Critical Care (CCA)
0QQ	Pediatric Critical Care (CCP)
0RR	Surgery, Critical Care (CCS)
0SS	Neurology, Clinical Neurophysiology (CN)
0TT	Dermatological Immunology/Diagnostic Laboratory Immunology (DDL)
0UU	Family Practice, Geriatric Medicine (FPG)
0VV	Family Practice, Sports Medicine (FSM)
0WW	Pathology, Hematology (HMP)
0XX	Orthopedic Surgery, Hand Surgery (HSO)
0YY	Plastic Surgery, Hand Surgery (HSP)
0ZZ	Internal Medicine Cardiac Electrophysiology (ICE)
001	Aerospace Medicine (AM)
002	Allergy & Immunology (AI)
003	Anesthesiology (AN)
005	Cardiovascular Disease (CD)
006	Dermatology (D)

007	Diabetes (DIA)
008	Emergency Medicine (EM)
009	Endocrinology (END)
010	Family Practice (FP, FPP)
011	Gastroenterology (GE)
012	General Practice (GP), Dental Health Program (DHP), Intern
013	General Preventative Medicine (GPM)
014	Geriatrics (GER)
015	Gynecology (GYN, G)
016	Hematology (HEM)
018	Infectious Diseases (ID)
019	Internal Medicine (IM)
021	Legal Medicine (LM)
023	Nephrology (NEP)
024	Neurology (N)
025	Neurology, Child (CHN)
026	Neuropathology (NA)
027	Nuclear Medicine (NM)
028	Nutrition (NTR)
029	Obstetrics (OBS)
030	Obstetrics & Gynecology (OBG)
031	Occupational Medicine (OM)
032	Ophthalmology (OPH)
033	Otology (OT)
034	(OTL)
035	Pathology, Anatomic/Clinical (PTH)
036	Pathology, Clinical (CLP)
037	Pathology, Forensic (FOP)
038	Pediatrics (PD)
039	Pediatric Allergy (PDA)
040	Pediatric Cardiology (PDC)
041	Pharmacology, Clinical (PA)
042	Physical Medicine & Rehabilitation (PM)
043	Psychiatry (P)
044	Psychiatry, Child (CHP)

045	Psychoanalysis (PYA)
047	Public Health (PH)
048	Pulmonary Disease (PUD)
049	Radiology (R)
050	Radiology, Diagnostic (DR)
051	Radiology, Pediatric (PDR)
052	Therapeutic Radiology (TR)
053	Rheumatology (RHU)
056	Abdominal Surgery (ABS)
057	Surgery, Cardiovascular (CDS)
058	Surgery, Colon & Rectal (CRS)
059	Surgery, General (GS)
060	Surgery, Hand (HS)
061	Surgery, Head & Neck (HNS)
062	Surgery, Neurological (NS)
063	Surgery, Orthopedic (ORS)
064	Surgery, Pediatric (PDS)
065	Surgery, Plastic (PS)
066	Surgery, Thoracic (TS)
067	Surgery, Traumatic (TRS)
068	Surgery, Urological (U)
069	In 1993: Nuclear Radiology (NR). Beginning in 1994, Nuclear Radiology (OTHER).
071	Immunology (IG)
073	Oncology Medical (ON)
074	Otolaryngology (OTO)
080	Administrative Medicine (ADM)
081	Student Health (SH)
082	Pediatric Hematology-Oncology (PHO)
083	Pediatric Nephrology (PN, PNP)
084	Neonatal-Perinatal Medicine (NPM)
085	Pathology, Anatomic (ATP)
086	Gynecological Oncology (GO, ONC)
087	Maternal & Fetal Medicine (MFM)
088	Reproductive Endocrinology (REN, RE)

089	Allergy (A)
090	Adolescent Medicine (ADL)
091	Blood Banking (BLB)
092	Critical Care Medicine (CCM)
093	Chemical Pathology (CMP)
094	Diagnostic Lab Immunology (DLI)
095	Dermatopathology (DMP)
096	Facial Plastic Surgery, Otolaryngology (FPS)
097	Immunopathology (SID and NIS)
098	Medical Microbiology (MM)
099	Nuclear Radiology (NR)
103	General Practice, Dentist (GP-DENT)
108	Oral Surgery (OS-DENT)
110	Periodontics Dentist (PERIO-DENT)

South Carolina data do not separately classify some physician specialties. No documentation was available describing which physician specialties were used for:

- U.S. Air Force (AF)
- Pathology, Pediatric Pathology (PP)
- U.S. Navy (USN)
- U.S. Army (USA)
- Osteopathy (OST)
- U.S. Public Health Service (PHS)

MDSPEC1 - Physician 1 specialty, as received from source

General Notes

Prior to 2001, this data element is called MDSPEC.

The physician 1 specialty (MDSPEC1) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDSPEC1	Physician 1 specialty, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Maine

In Maine, MDSPEC1 is coded as follows:

MDSPEC1	
Value	Description
01	Emergency Medicine
02	Preventative Medicine
03	Occupational Medicine
04	Public Health/Epidemiology
05	Oncology
06	General Practice
07	Alcohol Rehab
08	Infectious Diseases
09	Geriatrics
10	Allergy

11	Dermatology
12	Cardiology
13	Pulmonary/Respiratory
14	Physical Med/Rehab
15	DO Radiology
16	Not Used
17	DO Pathology
18	DO Anesthesiology
19	DO General Practice
20	Internal Medicine
21	Endocrinology
22	Gastroenterology
23	Nephrology
24	Urology
25	Hematology
26	Psychiatry
27	Proctology
28	Rheumatology
29	DO Dermatology
30	Not Used
31	Neurology
32	Ophthamology
33	Otolaryngology
34	Nurse Anesthesist
35	Physicians Assistant
36	Optometrist
37	Genetics
38	Registered Nurse
39	Not Used
40	Radiology
41	Not Used
42	Not Used
43	Pathology
44	Not Used
45	Anesthesiology

46	Radiation Oncology
47	Not Used
48	Not Used
49	Not Used
50	Obstetrics & Gynecology
51	Pediatrics
52	Not Used
53	Pediatric Cardiology
54	Neonatology
55	Hospital Resident (D.O.)
56	Hospital Resident (M.D.)
57	DO Oncology/Hematology
58	Pediatric Neurology
59	Pediatric Oncology/Hematology
60	General Surgery
61	Orthopedic Surgery
62	Plastic Surgery
63	Thoracic Surgery
64	Neurological Surgery
65	Not Used
66	Not Used
67	Not Used
68	Not Used
69	Unknown
70	General Dentistry
71	Podiatry
72	Oral Surgery
73	Not Used
74	Not Used
75	Not Used
76	Not Used
77	Not Used
78	DO Gastroenterology
79	DO Cardiology
80	DO Family Practice

81	DO Emergency Medicine
82	DO Physical Med/Rehab
83	DO Internal Medicine
84	DO Urology
85	DO Proctology
86	DO Neurology
87	DO Ophthamology
88	DO Otolaryngology
89	DO Psychiatry
90	DO Obstetrics & Gynecology
91	DO General Surgery
92	DO Orthopedic Surgery
93	DO Plastic Surgery
94	DO Thoracic Surgery
95	DO Pediatrics
96	Psychology
97	Nurse Mid-Wife
98	Surgical Assistant
99	Family Practice

New Jersey

The length of MDSPEC1 is character 1.

In New Jersey, MDSPEC1 is coded as follows:

Source Value	Description
1	Medical (includes General and Family Practice)
2	Surgical
3	Obstetric
4	Gynecology
5	Pediatric
6	Newborn Pediatric
7	Psychiatric
8	Orthopedic
9	Dental

South Carolina

South Carolina reports physician specialty as the area in which the physician spends the most hours per week, as reported at license renewal. If the physician does not report hours, South Carolina assigns physician specialty as the first practice type reported by the physician.

Physicians report their specialties to South Carolina using the categories and abbreviations in the "source-specific descriptions" column of the following table. South Carolina assigns them to three-character codes and reports the data in that format. During HCUP processing, the three-character codes supplied by the state were assigned to MDSPEC1.

In South Carolina, MDSPEC1is coded as follows. Any other codes are undefined.

Source Value	Description
0AA	Pediatric Endocrinology (PDE)
0AB	Internal Medicine/Diagnostic Laboratory Immunology (ILI)
0AC	Internal Medicine, Geriatrics (IMG)
0AD	Neurological Surgery, Critical Care (NCC)
0AE	Pathology, Neuropathology (NP)
0AF	Neurology, Pediatric Surgery (NSP)
0AG	Orthopedic Surgery, Adult Reconstructive Orthopedics (OAR)
0AH	Obstetrics & Gynecology/Critical Care Medicine (OCC)
0AI	Orthopedic Surgery, Musculoskeletal Oncology (OMO)
0AJ	Orthopedic Surgery, Pediatric Orthopedics (OP)
0AK	Orthopedic Surgery, Sports Medicine (OSM)
0AL	Orthopedic Surgery, Trauma (OTR)
0AM	Pathology, Chemical (PCH)
0AN	Pathology, Cytopathology (PCP)
0AO	Pediatric Gastroenterology (PG) (code is zero-A-oh)
0AP	Pathology, Immunopathology (PIP)
0AQ	Pediatrics/Diagnostic Laboratory Immunology (PLI)
0AT	Undersea Medicine (UM)
0AU	Radiology, Vascular and Interventional (VIR)
0AV	Addiction Medicine (ADM)
0BB	Pathology, Radioisotopic (RIP)
0BJ	Pediatric Otolaryngology

0BL	Pain Medicine
0BM	Pediatric Ophthalmology
0BS	Obstetrics
0CB	Cardiothoracic Surgery
0CC	Surgery, Vascular (VS)
0CE	Cardiac Electrophysiology
0CJ	Pediatric Infectious Disease
0DD	Neonatal Medicine (NEO)
0EE	Pediatric Pulmonology (PDP)
0FF	Radiation Oncology (RO)
0HH	Pediatric Emergency Medicine (PEM)
0II	Medical Genetics (MG)
0JJ	Psychiatry, Geriatric (PYG)
0KK	Orthopedic Surgery, Spine Surgery (OSS)
0LL	Allergy & Immunology/Diagnostic Laboratory Immunology (ALI)
0MM	Anesthesiology, Pain Management (APM)
0OO	Pathology, Blood Banking (BBK) (code is zero-oh-oh)
0PP	Anesthesiology, Critical Care (CCA)
0QQ	Pediatric Critical Care (CCP)
0RR	Surgery, Critical Care (CCS)
0SS	Neurology, Clinical Neurophysiology (CN)
0TT	Dermatological Immunology/Diagnostic Laboratory Immunology (DDL)
0UU	Family Practice, Geriatric Medicine (FPG)
0VV	Family Practice, Sports Medicine (FSM)
0WW	Pathology, Hematology (HMP)
0XX	Orthopedic Surgery, Hand Surgery (HSO)
0YY	Plastic Surgery, Hand Surgery (HSP)
0ZZ	Internal Medicine Cardiac Electrophysiology (ICE)
001	Aerospace Medicine (AM)
002	Allergy & Immunology (AI)
003	Anesthesiology (AN)
005	Cardiovascular Disease (CD)
006	Dermatology (D)

007	Diabetes (DIA)
008	Emergency Medicine (EM)
009	Endocrinology (END)
010	Family Practice (FP, FPP)
011	Gastroenterology (GE)
012	General Practice (GP), Dental Health Program (DHP), Intern
013	General Preventative Medicine (GPM)
014	Geriatrics (GER)
015	Gynecology (GYN, G)
016	Hematology (HEM)
018	Infectious Diseases (ID)
019	Internal Medicine (IM)
021	Legal Medicine (LM)
023	Nephrology (NEP)
024	Neurology (N)
025	Neurology, Child (CHN)
026	Neuropathology (NA)
027	Nuclear Medicine (NM)
028	Nutrition (NTR)
029	Obstetrics (OBS)
030	Obstetrics & Gynecology (OBG)
031	Occupational Medicine (OM)
032	Ophthalmology (OPH)
033	Otology (OT)
034	(OTL)
035	Pathology, Anatomic/Clinical (PTH)
036	Pathology, Clinical (CLP)
037	Pathology, Forensic (FOP)
038	Pediatrics (PD)
039	Pediatric Allergy (PDA)
040	Pediatric Cardiology (PDC)
041	Pharmacology, Clinical (PA)
042	Physical Medicine & Rehabilitation (PM)
043	Psychiatry (P)
044	Psychiatry, Child (CHP)

045	Psychoanalysis (PYA)
047	Public Health (PH)
048	Pulmonary Disease (PUD)
049	Radiology (R)
050	Radiology, Diagnostic (DR)
051	Radiology, Pediatric (PDR)
052	Therapeutic Radiology (TR)
053	Rheumatology (RHU)
056	Abdominal Surgery (ABS)
057	Surgery, Cardiovascular (CDS)
058	Surgery, Colon & Rectal (CRS)
059	Surgery, General (GS)
060	Surgery, Hand (HS)
061	Surgery, Head & Neck (HNS)
062	Surgery, Neurological (NS)
063	Surgery, Orthopedic (ORS)
064	Surgery, Pediatric (PDS)
065	Surgery, Plastic (PS)
066	Surgery, Thoracic (TS)
067	Surgery, Traumatic (TRS)
068	Surgery, Urological (U)
069	In 1993: Nuclear Radiology (NR). Beginning in 1994, Nuclear Radiology (OTHER).
071	Immunology (IG)
073	Oncology Medical (ON)
074	Otolaryngology (OTO)
080	Administrative Medicine (ADM)
081	Student Health (SH)
082	Pediatric Hematology-Oncology (PHO)
083	Pediatric Nephrology (PN, PNP)
084	Neonatal-Perinatal Medicine (NPM)
085	Pathology, Anatomic (ATP)
086	Gynecological Oncology (GO, ONC)
087	Maternal & Fetal Medicine (MFM)
088	Reproductive Endocrinology (REN, RE)

089	Allergy (A)
090	Adolescent Medicine (ADL)
091	Blood Banking (BLB)
092	Critical Care Medicine (CCM)
093	Chemical Pathology (CMP)
094	Diagnostic Lab Immunology (DLI)
095	Dermatopathology (DMP)
096	Facial Plastic Surgery, Otolaryngology (FPS)
097	Immunopathology (SID and NIS)
098	Medical Microbiology (MM)
099	Nuclear Radiology (NR)
103	General Practice, Dentist (GP-DENT)
108	Oral Surgery (OS-DENT)
110	Periodontics Dentist (PERIO-DENT)

South Carolina data do not separately classify some physician specialties. No documentation was available describing which physician specialties were used for:

- U.S. Air Force (AF)
- Pathology, Pediatric Pathology (PP)
- U.S. Navy (USN)
- U.S. Army (USA)
- Osteopathy (OST)
- U.S. Public Health Service (PHS)

MDSPEC2 - Physician 2 specialty, as received from source

General Notes

Prior to 2001, this data element is called SURGSPEC.

The physician 2 specialty (MDSPEC2) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDSPEC2	Physician 2 specialty, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Maine

In Maine, MDSPEC2 is coded as follows:

MDSPEC2	
Value	Description
01	Emergency Medicine
02	Preventative Medicine
03	Occupational Medicine
04	Public Health/Epidemiology
05	Oncology
06	General Practice
07	Alcohol Rehab
08	Infectious Diseases
09	Geriatrics
10	Allergy

11	Dermatology
12	Cardiology
13	Pulmonary/Respiratory
14	Physical Med/Rehab
15	DO Radiology
16	Not Used
17	DO Pathology
18	DO Anesthesiology
19	DO General Practice
20	Internal Medicine
21	Endocrinology
22	Gastroenterology
23	Nephrology
24	Urology
25	Hematology
26	Psychiatry
27	Proctology
28	Rheumatology
29	DO Dermatology
30	Not Used
31	Neurology
32	Ophthamology
33	Otolaryngology
34	Nurse Anesthesist
35	Physicians Assistant
36	Optometrist
37	Genetics
38	Registered Nurse
39	Not Used
40	Radiology
41	Not Used
42	Not Used
43	Pathology
44	Not Used
45	Anesthesiology

46	Radiation Oncology
47	Not Used
48	Not Used
49	Not Used
50	Obstetrics & Gynecology
51	Pediatrics
52	Not Used
53	Pediatric Cardiology
54	Neonatology
55	Hospital Resident (D.O.)
56	Hospital Resident (M.D.)
57	DO Oncology/Hematology
58	Pediatric Neurology
59	Pediatric Oncology/Hematology
60	General Surgery
61	Orthopaedic Surgery
62	Plastic Surgery
63	Thoracic Surgery
64	Neurological Surgery
65	Not Used
66	Not Used
67	Not Used
68	Not Used
69	Unknown
70	General Dentistry
71	Podiatry
72	Oral Surgery
73	Not Used
74	Not Used
75	Not Used
76	Not Used
77	Not Used
78	DO Gastroenterology
79	DO Cardiology
80	DO Family Practice

81	DO Emergency Medicine
82	DO Physical Med/Rehab
83	DO Internal Medicine
84	DO Urology
85	DO Proctology
86	DO Neurology
87	DO Ophthamology
88	DO Otolaryngology
89	DO Psychiatry
90	DO Obstetrics & Gynecology
91	DO General Surgery
92	DO Orthopaedic Surgery
93	DO Plastic Surgery
94	DO Thoracic Surgery
95	DO Pediatrics
96	Psychology
97	Nurse Mid-Wife
98	Surgical Assistant
99	Family Practice

South Carolina

South Carolina reports physician specialty as the area in which the physician spends the most hours per week, as reported at license renewal. If the physician does not report hours, South Carolina assigns physician specialty as the first practice type reported by the physician.

Physicians report their specialties to South Carolina using the categories and abbreviations in the "source-specific descriptions" column of the following table. South Carolina assigns them to three-character codes and reports the data in that format. During HCUP processing, the three-character codes supplied by the state were assigned to SURGSPEC.

In South Carolina, MDSPEC2 is coded as follows. Any other codes are undefined.

Source Value	**Description**
0AA	Pediatric Endocrinology (PDE)
0AB	Internal Medicine/Diagnostic Laboratory Immunology (ILI)

0AC	Internal Medicine, Geriatrics (IMG)
0AD	Neurological Surgery, Critical Care (NCC)
0AE	Pathology, Neuropathology (NP)
0AF	Neurology, Pediatric Surgery (NSP)
0AG	Orthopedic Surgery, Adult Reconstructive Orthopedics (OAR)
0AH	Obstetrics & Gynecology/Critical Care Medicine (OCC)
0AI	Orthopedic Surgery, Musculoskeletal Oncology (OMO)
0AJ	Orthopedic Surgery, Pediatric Orthopedics (OP)
0AK	Orthopedic Surgery, Sports Medicine (OSM)
0AL	Orthopedic Surgery, Trauma (OTR)
0AM	Pathology, Chemical (PCH)
0AN	Pathology, Cytopathology (PCP)
0AO	Pediatric Gastroenterology (PG) (code is zero-A-oh)
0AP	Pathology, Immunopathology (PIP)
0AQ	Pediatrics/Diagnostic Laboratory Immunology (PLI)
0AT	Undersea Medicine (UM)
0AU	Radiology, Vascular and Interventional (VIR)
0AV	Addiction Medicine (ADM)
0BB	Pathology, Radioisotopic (RIP)
0BJ	Pediatric Otolaryngology
0BL	Pain Medicine
0BM	Pediatric Ophthalmology
0BS	Obstetrics
0CB	Cardiothoracic Surgery
0CC	Surgery, Vascular (VS)
0CE	Cardiac Electrophysiology
0CJ	Pediatric Infectious Disease
0DD	Neonatal Medicine (NEO)
0EE	Pediatric Pulmonology (PDP)
0FF	Radiation Oncology (RO)
0HH	Pediatric Emergency Medicine (PEM)
0II	Medical Genetics (MG)
0JJ	Psychiatry, Geriatric (PYG)
0KK	Orthopedic Surgery, Spine Surgery (OSS)

0LL	Allergy & Immunology/Diagnostic Laboratory Immunology (ALI)
0MM	Anesthesiology, Pain Management (APM)
0OO	Pathology, Blood Banking (BBK) (code is zero-oh-oh)
0PP	Anesthesiology, Critical Care (CCA)
0QQ	Pediatric Critical Care (CCP)
0RR	Surgery, Critical Care (CCS)
0SS	Neurology, Clinical Neurophysiology (CN)
0TT	Dermatological Immunology/Diagnostic Laboratory Immunology (DDL)
0UU	Family Practice, Geriatric Medicine (FPG)
0VV	Family Practice, Sports Medicine (FSM)
0WW	Pathology, Hematology (HMP)
0XX	Orthopedic Surgery, Hand Surgery (HSO)
0YY	Plastic Surgery, Hand Surgery (HSP)
0ZZ	Internal Medicine Cardiac Electrophysiology (ICE)
001	Aerospace Medicine (AM)
002	Allergy & Immunology (AI)
003	Anesthesiology (AN)
005	Cardiovascular Disease (CD)
006	Dermatology (D)
007	Diabetes (DIA)
008	Emergency Medicine (EM)
009	Endocrinology (END)
010	Family Practice (FP, FPP)
011	Gastroenterology (GE)
012	General Practice (GP), Dental Health Program (DHP), Intern
013	General Preventative Medicine (GPM)
014	Geriatrics (GER)
015	Gynecology (GYN, G)
016	Hematology (HEM)
018	Infectious Diseases (ID)
019	Internal Medicine (IM)
021	Legal Medicine (LM)
023	Nephrology (NEP)

024	Neurology (N)
025	Neurology, Child (CHN)
026	Neuropathology (NA)
027	Nuclear Medicine (NM)
028	Nutrition (NTR)
029	Obstetrics (OBS)
030	Obstetrics & Gynecology (OBG)
031	Occupational Medicine (OM)
032	Ophthalmology (OPH)
033	Otology (OT)
034	(OTL)
035	Pathology, Anatomic/Clinical (PTH)
036	Pathology, Clinical (CLP)
037	Pathology, Forensic (FOP)
038	Pediatrics (PD)
039	Pediatric Allergy (PDA)
040	Pediatric Cardiology (PDC)
041	Pharmacology, Clinical (PA)
042	Physical Medicine & Rehabilitation (PM)
043	Psychiatry (P)
044	Psychiatry, Child (CHP)
045	Psychoanalysis (PYA)
047	Public Health (PH)
048	Pulmonary Disease (PUD)
049	Radiology (R)
050	Radiology, Diagnostic (DR)
051	Radiology, Pediatric (PDR)
052	Therapeutic Radiology (TR)
053	Rheumatology (RHU)
056	Abdominal Surgery (ABS)
057	Surgery, Cardiovascular (CDS)
058	Surgery, Colon & Rectal (CRS)
059	Surgery, General (GS)
060	Surgery, Hand (HS)
061	Surgery, Head & Neck (HNS)

062	Surgery, Neurological (NS)
063	Surgery, Orthopedic (ORS)
064	Surgery, Pediatric (PDS)
065	Surgery, Plastic (PS)
066	Surgery, Thoracic (TS)
067	Surgery, Traumatic (TRS)
068	Surgery, Urological (U)
069	1993: Nuclear Radiology (NR)
	1994: Nuclear Radiology (OTHER)
071	Immunology (IG)
073	Oncology Medical (ON)
074	Otolaryngology (OTO)
080	Administrative Medicine (ADM)
081	Student Health (SH)
082	Pediatric Hematology-Oncology (PHO)
083	Pediatric Nephrology (PN, PNP)
084	Neonatal-Perinatal Medicine (NPM)
085	Pathology, Anatomic (ATP)
086	Gynecological Oncology (GO, ONC)
087	Maternal & Fetal Medicine (MFM)
088	Reproductive Endocrinology (REN, RE)
089	Allergy (A)
090	Adolescent Medicine (ADL)
091	Blood Banking (BLB)
092	Critical Care Medicine (CCM)
093	Chemical Pathology (CMP)
094	Diagnostic Lab Immunology (DLI)
095	Dermatopathology (DMP)
096	Facial Plastic Surgery, Otolaryngology (FPS)
097	Immunopathology (SID and NIS)
098	Medical Microbiology (MM)
099	Nuclear Radiology (NR)
103	General Practice, Dentist (GP-DENT)
108	Oral Surgery (OS-DENT)
110	Periodontics Dentist (PERIO-DENT)

South Carolina data do not separately classify some physician specialties. No documentation was available describing which physician specialties were used for:

- U.S. Air Force (AF)
- Pathology, Pediatric Pathology (PP)
- U.S. Navy (USN)
- U.S. Army (USA)
- Osteopathy (OST)
- U.S. Public Health Service (PHS)

MOMNUM_S - Synthetic mother's number

General Notes

The synthetic mother's number (MOMNUM_S) contains a fixed-key (one-to-one) encryption of the supplied mother's number (MOMNUM), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value but not in the same location.
- Leading zeros are retained. If the data source codes the same number inconsistently (sometimes with leading zeros and sometimes with leading blanks), the HCUP numbers are different.

If null characters are found, they are replaced by blanks before the number is encrypted.

Uniform Values

Variable	Description	Value	Value Description
MOMNUM_S	Synthetic mother's number	Synthetic mother's number	17(a)
		Missing	Blank

State Specific Notes

New Jersey

MOMNUM_S contains the synthetic medical record number of the mother on newborn discharges. The mother's record will contain her synthetic medical record number in the HCUP variable MRN_S.

MRN_S - Synthetic medical record number

General Notes

MRN_S is specific to patients (persons) so that multiple admissions by the same patient to a single institution can be linked. MRN_S does not allow linkage of persons across institutions.

MRN_S should not be used for analyses without first consulting summary statistics on:

- Frequencies of the number of discharges per nonmissing MRN_S, by hospital, and
- Hospital-level counts of the number of unique nonmissing MRN_Ss, the number of discharges associated with these MRN_Ss, the ratio of these two numbers (discharges/person), and the number of discharges without a MRN_S.

MRN_S contains a fixed-key (one-to-one) encryption of the supplied medical record number (MRN), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value but not in the same location.
- Leading zeros are retained. If a hospital codes the same medical record number inconsistently (sometimes with leading zeros and sometimes with leading blanks), the HCUP medical record numbers are different.
- When the MRN in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MRN_S is the same.

Beginning in the 1993 data, the medical record numbers were checked for null characters. If null characters were found, they were replaced by blanks before the number was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted medical record numbers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MRN_S	Synthetic medical record number	17(a)	Synthetic medical record number
		Blank	Missing

State Specific Notes

Iowa

Iowa reports encrypted medical record numbers.

Maryland

The format of encrypted medical record number (MRN_S) is inconsistent across years.

- Prior to 1993, the medical record number was supplied with no padding of the values.
- Beginning in 1993, the supplied medical record number included padding that was retained in the encrypted values.

Maine

Maine provides encrypted medical record numbers. During HCUP processing, medical record numbers were re-encrypted (MRN_S).